REGISTRATION FORM

(A unit of Angels & Arks Educational and Charitable Trust)
Sector - 9, C.D.A., Cuttack - 753 014 (Odisha)
Ph. : 9238132326, 9937048685
E-mail : info@shimmeringstars.co.in
Website :www.shimmeringstars.co.in

For Office Use :

Form No. :.....

Date :.....

A COMPLETE DAY BOARDING-CUM-PLAY SCHOOL

Father	Mother	Child
Affix your latest colour photo	Affix your latest colour photo	Affix your latest colour photo

Name of the Child in full (Capital Letter)

Date of Birth

Place of Birth :

Nationality :

Religion

Sex : M / F

Language Spoken at Home

Admission sought into

(tick the appropriate one)

Day Boarding

Therapy Centre

Play School

PARENTS' INFORMATION

Father's Name.....

Occupation :.....

Office Address :.....

.....

Mother's Name.....

Occupation :.....

Office Address :.....

(if working) .....

Residential Address :.....

.....

.....

Ph. : .....