

ENROLMENT APPLICATION



A-94/B, SECTOR-55, NOIDA-201301 (U.P.)

Mob. : 9873539445 / 9872329445

Attach a photo here

Primary : 3 to 6 years Date: _____

Elementary: 6 to 12 years

How did you come to know about Pragnya Montessori House of Children? _____

Child's Name: _____
First Name Surname

Also known as: _____

Date of Birth: _____ Sex: _____ Mother tongue: _____

Identification Marks: 1) _____ 2) _____ Religion: _____

First Language: _____ Caste: _____ Sub Caste : _____

Overseas Student: Yes No Vaccination: Yes No Child's Aadhar Card No: _____

Mother's Name: _____
First Name Surname

Mother's Occupation: _____ Skills/Hobbies: _____

Father's Name: _____
First Name Surname

Father's Occupation: _____ Skills/Hobbies: _____

Home Address: _____
Pincode: _____

Email Address: _____
Father Mother

Phone - Home: _____ Mother's Office: _____ Father's Office: _____

Mother's Mobile No: _____ Father's Mobile No: _____

Previous School Attended: _____

School Address: _____ Pincode: _____

Director/Teacher: _____ Period/Attendance: _____