INSPIRE HER ACADEMY
Ignite Her Mind, Inspire Her Future

STUDENT REGISTRATION FORM

Student Name: _____

Guardian Name: _____

Guardian Relation: ☐ Father ☐ Mother ☐ Other (Please specify): _____

Guardian Number (Ph): _____ **Student Number (Ph.):** _____

Whatsapp Number: _____

Email Address: _____

Address: _____

_____

Class Applying For: ☐ 9th ☐ 10th

Opt for Subjects: ☐ English ☐ Science ☐ Mathematics ☐ Computer Science

School Name: _____

To Be Filled by Office Only

Student Name: _____

Class: ☐ 9th ☐ 10th

Subject Timings:

- **Mathematics / Science:** 5:00 PM – 6:30 PM
- **Computer / English:** 6:30 PM – 8:00 PM

Fees / Monthly: ₹ _____

Guardian Signature: _____   **Office Signature:** _____