

Admission Form School

Student Information

- Student's Name: this is a test name
- Date of Birth: 03/11/2000 (MM/DD/YYYY)
- Gender: ☒ Male ☐ Female ☐ Prefer not to say
- Residential Address: block no 1 mall road, mumbai 431001
- City: Aurangabad State: maharashtra Zip: 431001

Parent/Guardian Information

- Parent/Guardian Name: testparent name
 - Relationship to Student: single
 - Contact Number: 9569569560
 - Email Address: nfak@gmail.com
 - Occupation: singer
 - Residential Address (if different from student): N/A
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Previous School Details

- Name of Previous School: Harvard school of business
- School Address: united states of america
- City: new york State: NY Zip: 431001
- Dates Attended: 03/11/2000 to 03/11/2000
- Reason for Leaving: i was getting bored there

Emergency Contact Information

- Emergency Contact Name: donald trump
- Relationship to Student: president of the country
- Contact Number: 9879879870
- Alternate Contact Number: 9991119991

Health Information


- Does the student have any allergies or medical conditions? [] Yes ☒ No
- If yes, please specify: naire i am clean chit
- Primary Care Physician Name and Contact: donald

Additional Information

- Special Educational Needs: no need to be free
- Interests/Hobbies: football
- Languages Spoken at Home: english hindi and many more

Declaration

I/We, the undersigned, declare that the information provided in this admission form is accurate and complete to the best of my/our knowledge. I/We understand that providing false or incomplete information may result in the refusal of admission or dismissal from the school.

- Parent/Guardian Signature: faizan  Date: 03/11/2000

Office Use Only

- Received by: faizan himself

• Date: 03/11/2000 Application Number: 111222333

Instructions: Please complete this form in black ink and return it to the school's admissions office along with the required documents (e.g., birth certificate, previous school records).