

JOINING FORM

Student Name: afsd
Date of Birth: 2025-02-24
Gender: M/KE
School Name: afsd
Year of Joining School: afsd
Class: afsd

Parent/Guardian Information

Parent/Guardian Name: afsd
Parent's Address: fasd
House Number: fasd
Parent's Phone Number: afs
Additional Parent Contact (Optional): afsd
Form Submission Date: 2025-02-18
Form Submission Date (for record): 2025-02-18

Parent's Commitment

Parent's Commitment Statement: afsd

Parent's Signature:

