



Plot 287, Road No. 25, Jubilee Hills, Hyderabad- 500 033. Ph : 91-040-2354 5206 / 6599 4510.  
e-mail : sloka\_97@yahoo.co.in Website : www.slokawaldorf.com

## ADMISSION FORM

### **Child's Information:**

Name of Child:

Date of Birth:

Gender:

Languages Spoken:

Blood Group:

Please specify any serious medical conditions, allergies etc:

Sloka ID:

Place of Birth:

Nationality:

### **Contact Information:**

Telephone No. (Home):

Tel No. (Father's Mobile):

Emergency Ph. No:

Telephone No (Father's Office):

Family Doctor's Name and Phone Number:

Email Address:

Email Address:

Home Address:

Mother's Mobile:

Mother's Office:

### **Family Information:**

Name of Father/Guardian:

Name of Mother/Guardian:

Name and Address of Father's/Guardian's Employer:

Name and Address of Mother's/Guardian's Employer:

Name and Class of Siblings at Sloka:

Name and Tel. No. of person (if parents are not available) to be contacted in case of an emergency:

### **Declaration:**

- We declare that the above information is true.
- We understand and agree that the school's decisions on matters of admission and the child's continued enrollment will be final.
- We confirm that we have been oriented by the Sloka management with the school's philosophy, curriculum, fee structure and all other aspects of the school.
- We agree to abide by the rules of the management of Sloka at all times.

Signature of Parents

Date