



Please fill in the Name & Address in CAPITAL LETTERS

1) Name of the Child :

2) Sex :

3) Date of Birth :

4) Place of Birth :

5) Address :

6) Telephone Number :

7) Mother's /Guardian's Name :

8) Occupation :

9) Company address with Telephone No. :

10) Email id :

11) Father's/Guardian's Name :

12) Occupation :

13) Company address with Telephone No. :

14) Email id :

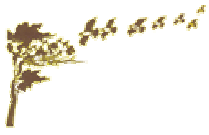
15) Nationality of the Child :

Date :

Place :

Signature

Registration Form No:



**Sharanalaya
Montessori School**

No.10,Jumbulingam Street, Nungambakkam
Chennai – 600 034 Ph: 2822 9427

16) Names of Brothers & Sisters(if any) :

17) Mother Tongue :

18) Language spoken at home :

19) Name of Caretaker if any :

20) Has the child attended any other school : YES / NO

21) Reasons for leaving the Previous School?

22) What do you know about Montessori?

21)Why do you want to admit your child in Sharanalaya?

Date :

Place :

Signature