







Registration Form

DATE OF REGISTRATION

STUDENT I	NFORMAT	TION		
Full Name :				
Nickname:				
Date of Birth:				
Gender:	Male	Female		
ADDRESS				
resent Address :				
ity:			State:	
ip Code:				
PARENT/GU	ARDIAN I	NFORMATI	ON	
Relationship Phone			 Email	
lame				
Relationship				
Phone			Email	