



Application No.

#195, Vidyapeeta Road, BSK 3rd Stage, 4th Block,
Near Chennammanakere Achukatte Telephone Exchange, Bangalore – 560 085
Phone : 9341023938

1	NAME OF THE CHILD	
2	AGE OF THE CHILD (DATE OF BIRTH)	
3	FATHER'S NAME	
4	FATHER'S QUALIFICATION	
5	FATHER'S OCCUPATION	
6	MOTHER'S NAME	
7	MOTHER'S QUALIFICATION	
8	MOTHER'S OCCUPATION	
9	RESIDENTIAL ADDRESS	
10	TELEPHONE NUMBER	
11	FATHER'S MOBILE NUMBER	
12	MOTHER'S MOBILE NUMBER	
13	EMAIL ID	

I hereby state that the given information is true to the best of my knowledge and I shall abide by the rules of the Sujay Montessori House of Children

Date :

Signature of the Parent

Note : Please enclose

1. Copy of Birth Certificate
2. 2 Passport Size and 2 Stamp Size Photographs

FOR OFFICE USE

1	Registration / Application Fee	
2	Admission Fee	
3	Monthly Fee	
4	Stationery and Others	