



## INQUIRY FORM

Form No:

Seeking Admission For      **Playgroup**      **Nursery**      **Jr.kg.**      **Sr.kg.**  
                                                                 

Master/miss	Last Name	First Name	Middle Initial

Date of Birth      Day      Month      Year

Previous School attended:		
Parents / Guardian Name:		
Address:		
E-Mail:		
City:	Pin:	Tel:

### Mode of Communication

Please Indicate The Mode of Communication		
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Telephone	<input type="checkbox"/> Post

**For Office Use Only**

Date of Submission: \_\_\_\_\_

Form Processed By: \_\_\_\_\_

Registration No: \_\_\_\_\_

Remarks : \_\_\_\_\_

