



REGISTRATION FORM

For office use only	Reg. No	Date
Class	Session	Counsellor's Signature
Please fill in the following det	tails	
Name of the Student (in full) $_$		
Seeking Admission to Grade ₋		
Date of Birth	Gend	der 🗆 M 🗆 F Nationality
Name of the Present School _		
Age as on 1st April, 2012		Mother Tongue
Any Other Language(s) the Ch	nild can Speak and Understand	
Mother's Name		Father's Name
Address		Address
Tel		Tel
Mobile		Mobile
E-mail ID		E-mail ID
Educational Qualification		Educational Qualification
Office Address		Office Address
Contact No. (O)		Contact No. (O)
Signature		Signature
I came to know about Th	e Espee Global School through (tick	the following)
Advertisement	Friends Parents	□ Website □ Word of Mouth □