



STUDENT PRELIMINARY FORM

This is not a registration form

STUDENT'S INFORMATION

Full Name: _____ Gender: (Male/Female)

Date of Birth: ___/___/___ Age Today: Year: _____ Months: _____

Place of Birth(city/Country) _____

Nationality: _____ My Kid / Passport No: _____

Native Language: _____ Other Language: _____

Student's previous school history: (if any) _____

STUDENT'S SIBLINGS DETAILS

No	Name	D.O.B	Age	Gender	Name of school/Institution

PARENTS / GUARDIAN INFORMATION

Mailing Residential Address: _____

Information of Father

Name: _____ Profession: _____

Mobile: _____ Email address: _____

Information of Mother

Name: _____ Profession: _____

Mobile: _____ Email address: _____

Office use only. Inquiry details

Date:

Inquiry Source:

Presented by: