



Students Personal Information

Academic Year 20 - 20

Student Name : _____

Gender : _____

Date of Birth : _____

Age : _____

Class : _____

School Name : _____

Father's Name : _____

Father's Mobile Number : _____

Mother's Name : _____

Mother's Mobile Number : _____

Address : _____

Paste
Passport Size
Photo
Here

Parent's Signature

Staff In-charge Signature