

# TRIVENI MEMORIAL EDUCATIONAL TRUST®

## TRIVENI KINDER GARTEN

(Affiliated to Council for the Indian School Certificate Examination New Delhi-KA214)

### Admission Enquiry Form

1.Name :

2.Grade:

3.Previous School:

4.Date of Birth:

5.Details of the parent

A. Father Name:

Qualification :

Occupation :

Contact No:

B. Mother Name:

Qualification:

Occupation:

Contact No:

6. Annual Income:

7. Religion:

Caste:

8. Gender

Male

Female

9. Address :

10. Van Facility Required: YES  NO

11. Email Id:

12. Siblings in our school:

13. Amount Paid for seat blocking:

DATE:

Parents/Guardian Signature