Arcadia

Place Beyond School

Name.....

DOB.....Age.....

Address :.....

.....Pin .....

Telephone : .....Res.....Mobile .....

PASTE PHOTO HERE

Father Name..... .....

Occupation..... .....

Mother Name..... .....

Occupation..... .....

Class.....

School.....

Subjects Opted.....

.....

.....

.....

.....

.....

For Office Use Only

.....

.....

.....

Yearly / Termly

Yearly ☐ Termly ☐

Years / Terms

Rs.....

.....

.....

Declaration

I hereby agree to admit my child in the above program

NOTE : Fees Paid will not be refunded or adjusted therof

For **Arcadia**

Date.....

Parent's / Guardian's Signature