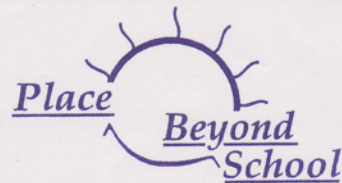


Arcadia



Name.....

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

Address :.....

.....Pin

Telephone :Res.....Mobile

PASTE
PHOTO
HERE

Father Name.....

Occupation.....

Mother Name.....

Occupation.....

Class.....

School.....

Subjects Opted.....

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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 thereof

For **Arcadia**

Date.....

Parent's / Guardian's Signature