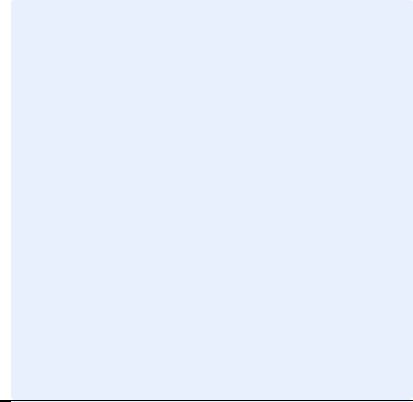




ADMISSION FORM

First Name	Click or tap here to enter text.
Last Name	Click or tap here to enter text.
Gender	Choose an item.
Date of Birth	Click or tap to enter a date.
Address	Click or tap here to enter text.
Father's Name	Click or tap here to enter text.
Father's Number	Click or tap here to enter text.
Father's Email	Click or tap here to enter text.
Mother's Name	Click or tap here to enter text.
Mother's Number	Click or tap here to enter text.
Mother's Email	Click or tap here to enter text.
Emergency Contact	Click or tap here to enter text.
Phone of Emergency Contact	Click or tap here to enter text.
Address of Emergency Contact	Click or tap here to enter text.
Allergies	Choose an item.
Upload student photo	
Upload Emergency contact Photo	