

 Registration Form

Child’s Name

Date of Birth

Gender\_\_\_\_\_\_\_\_\_\_ Nationality Mother Tongue

Other Languages Spoken

Father’s Name Profession

Mother’s Name Profession

Office Address

 \_\_\_\_\_

Residence

Telephone: Office Residence Mobile

email

Mention the Name and Age of other Children in the Family

1. Age:

1. Age:

Date:

Place Name and Signature of Parent / Guardian

**For Office Use Only**

R. No………………………………...

Date Received…………………….

Admission Sought To……………….

Siblings……………………………...

Comments…………………………...

1. Details of any connection with Waldorf Education.
2. How did you learn about *Abhaya* School?
3. What do you hope to find in this education for your child?
4. Kindly write a few words about your child.