Summer Comp 2014	Admission Form
	ss
Date of Birth	Sex: 🗌 Male 🔲 Female
Parent Details	
Father's Name	
Name of the Organiz	ation
Telephone Numbers (R) (O)
	Email ID
Mother's Name	
Name of the Organiz	ation
Office address	
Telephone Numbers (R) (O)
Mobile No	Email ID
Transport Required	Yes No
I/We hereby agree to leaving my/our child under the care of the staff of Kinder Valley International School. All the information given here is correct and I/We have not withheld any important information. I/We will not hold the staff/ Management of Kinder Valley International School or New Line Educational Society responsible for any unavoidable mishaps or accidents, in the School premises or School Transport or elsewhere.	
Place: G Date :	urgaon Signature of Parent
WERNATIONAL SCHOOL	Image: Selected S
Admitted on: For (Weeks):	From:To:Admn. No.: SC/2014/R. No.:Transport:YesNoFee Paid:SC Fee:Trans. Fee:Total: