**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | [Insert Full Name Here] | | |
| Date of Birth: | (DD/MM/YYYY) | Gender: | Male / Female / Other |
| Contact Number: | [contact number] | Email Address: | [email address] |
| Address: |  | | |

**Educational Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Current School/ College: | [School/College name] | | |
| Grade/Class: | [grade/class] | Board (if applicable): | Cambridge, GCSE, CBSE, ICSE, OTHER. |
| Subjects Enrolled For: | 1. | 2. | 3. |
| 4. | 5. | 6. |
| 7. | 8. | 9. |
| **Previous Academic Performance (Last Examination):** | | | |
| Subject: | [Subject Name] | Grade/Marks: | [Grade/marks] |
| Subject: | [Subject Name] | Grade/Marks: | [Grade/marks] |
| Subject: | [Subject Name] | Grade/Marks: | [Grade/marks] |
| Subject: | [Subject Name] | Grade/Marks: | [Grade/marks] |
| Subject: | [Subject Name] | Grade/Marks: | [Grade/marks] |

**Parent/Guardian Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Relationship to Student: | [Relationship] | Contact Number: | [Contact no.] |
| Email Address: | [email] | Occupation: | [Occupation] |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | [Insert Full Name Here] | | |
| Relationship to Student: | [Relationship] | Contact No: | [Contact No.] |

**Class Timings Preference**

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred Batch:** | Morning | Afternoon | Evening |
| **Preferred Days:** | Weekdays | Weekends |  |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **How did you hear about us?** | Friend/Family | Social Media | Website |
| Advertisement | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Any Special Requirements or Medical Conditions:** |  | | |

**Payment Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mode of Payment:** | Cash | Credit/Debit Card | Bank Transfer | Other: \_\_ |
| **Total Fee:** | $[amount] | | [amount in words] | |
| **Installment Plan (if applicable):** | | Monthly | Quarterly | One-Time Payment |

**Declaration**

|  |  |  |
| --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student/Parent/Guardian Name), hereby declare that the information provided in this form is accurate and complete to the best of my knowledge. I agree to abide by the rules and regulations of the coaching center. | **Signature of Student:** | **Date:** (DD/MM/YYYY) |
|  | **Signature of Parent/Guardian:** | **Date:** (DD/MM/YYYY) |

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Admission:** | (DD/MM/YYYY) | **Admission Number:** | [#] |
| **Remarks:** |  | | |