WE CARE
Charitable Trust

Vishesh Ability & Therapy Center

We care for your loved ones

ADMISSION FORM

Looking for : ☐ Part Time ☐ Full Time

Fees : _____

Stationery : _____

Uniform : _____

Diagnosis : _____

Father's Guardian's Photo	Mother's Guardian's Photo	Child's Photo

Name of the Child : _____ _____ _____
First Name Middle Name Last Name

Date of Birth : ☐☐ ☐☐ ☐☐☐☐ Gender : ☐ Male ☐ Female

Place of Birth : _____ Nationality : _____

Height : ☐ ☐☐ Weight : ☐☐ Blood Group : _____

Previous Pre-School /School Attended : _____ Class : _____

Residential Address : _____

_____

City : _____ State : _____ Pin Code : ☐☐☐☐☐☐

Contact No. ☐☐☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

Emergency Contact Details

Name : _____

Contact No. ☐☐☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

Parents Signature

Principal Signature

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