



WE CARE
Charitable Trust

Vishesh Ability & Therapy Center

We care for your loved ones

ADMISSION FORM

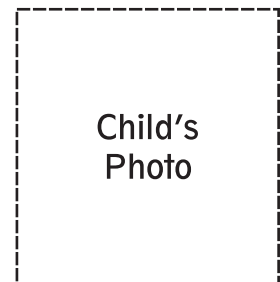
Looking for : ☐ Part Time ☐ Full Time

Fees : _____

Stationery : _____

Uniform : _____

Diagnosis : _____



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