

School & Boarding : "Mother & Child House" 564, J.R. Ghosh Garden, P.O. Laskarpur,

Mahamayatala, Garia, 24 Pgs (S), Kolkata - 700153 24hr Helpline : 9830888888, 9831028888, 9830028888

Email: vp@mother and child school.com, sec@mother and child school.com

Websites: http://www.motherandchildschool.com, http://www.mindsandsouls.org



Recent passport size photograph



STUDENT PROFILE

Registration No.	M A C Level:
	(To be filled by the office)
	First Middle Last
Name of Student	
	(Leave a space between first name, middle name and last name)
Date of Birth	Place of Birth:
Gender:	Mother Tongue:
School Presently l	ast Attending:
School Address: _	
City:	PIN State:
HEALTH PE	ROFILE
Allergy/Chronic A	Ailment (if any) :
Physical Disabilit	y (if any):
Any Other Health	Problem:
PARENTS P	ROFILE
	First Middle Last
Father's Name	
	(Leave a space between first name, middle name and last name) First Middle Last
Mother's Name	
Tylother of tune	(Leave a space between first name, middle name and last name)
Residential Status	::
Occupation:	Annual Income: (Father's)
Occupation:	Annual Income: (Mother's)



MOTHER AND CHILD WELFARE AND RESEARCH FOUNDATION INDIA

Town/City:	State:
Country:	PIN III
Address for Communication	:
Town/City:	State:
Country:	PIN PIN
Email ID :	Phone/Mobile:
LOCAL GUARDIAN	N'S PROFILE
First Father's Name (Leave a spa	Middle Last ce between first name, middle name and last name)
Address:	
Email ID :	Phone/Mobile:

MOTHER AND CHILD WELFARE AND RESEARCH FOUNDATION INDIA



Local Contact Numbers	
	given above is true to the best of my knowledge and belief es of the school and agree to abide by them.
Signature of Father	Signature of Mother
	Date:
FOR OFFICE USE ONLY	
	Bed No.:
Admission Coordinator's Remarks:	
Tumbolon Coolumned S Tumbolon	
Date:	Signature
Headmaster's Remarks :	
rieadmaster's Remarks:	
~	
	Signature of the Headmaster: