

## Application Form

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No :	Date:	
Name :		Affix your son / Daughter Passport
Nick Name (if any) :		size Photograph
Date of Birth : MM /Y	Age as on June :	
Sex: Male 🔲 Female 🗖		
Mother Tongue:	_ Other Languages known :	
Allergies (if any) :		
Admission for :		
Father's Name :	Profession :	
Mother's Name :	Profession :	
Residential Address :		
	Telephone :	
Telephone Nos. (F) Office :	Mobile :	
(M) Office :	Mobile :	
	Signature of Parent :	
Address : Oranges Preschool		
No. 46 "VIDYA BHAVAN", 2nd Cross, Vijaya Bank La Bannerghatta Road, Bilekahalli, Arakere P.O, Bangalore	- 560076.	
Contact: +91 9886384788   +91 900815243		
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