

KUWAIT MAR THOMA SUNDAY SCHOOL



www.kuwaitmarthoma.com

Students Admission Form

Name of the Student _____	
Date of Birth: _____ / _____ / _____ Gender: Male/Female _____ (Day/Month/Year)	
Edavaka Membership No: _____	
Prayer Group _____ Area _____	
Parent's Name:-	
Father _____ Mother _____	
Address: P.O. Box _____ Pin Code _____ Place _____	
Contact No: Residence _____ Mobile _____ Office _____	
Residential Address:	
Area _____ Block No: _____ Street Name or No _____	
Bldg No: _____ Floor No. _____ Flat No. _____ Near by _____	
Email : _____	
Class & Name of academic school: _____	
Mother Parish _____	
Permanent Address _____	

_____ (Signature of the Parent)	Date: _____

(for Office use only)

Class in which the student is admitted: _____	
Name of the Teacher: _____	
Register No _____ Class Location _____	
_____	_____
<i>President</i>	<i>HeadMaster</i>