SHAKTHI INSTITUTE

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STUDENT REGISTRATION FORM

FIRST NAME

SURNAME

ADDRESS

PHONE

EMAIL

NATIONAL IDENTITY CARD

DATE OF BIRTH

SCHOOL

NAME OF PARENT / GUARDIAN

PHONE NO. OF PARENT / GUARDIAN

EXAM		GRADE	YEAR OF EXAM	MEDIUM	SUBJECT	SUBJECT CODE
LOCAL / LONDON	OL / AL	1 - 13	2015 - 2020	SINHALA / ENGLISH		

NAME OF TEACHER	DAY OF CLASS MON / TUE / WED / THUR / FRI / SAT / SUN	DATE OF FIRST LESSON

I have read and agree to abide by the Rules and Regulations of the Institute, be disciplined and do my best in my studies.

..... Signature of Student

..... Date

..... Signature of Parent/ Guardian

FOR OFFICE USE		
Reg. Fees - Rs._____ Monthly Fees - Rs._____ Total - Rs._____	Form checked by - Entered into Computer by-	Registration No. Subject Code.