



River Dale High School, Aurangabad

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ENQUIRY FORM

Date : ___/___/_____ Day : _____ Registration No. : _____

Details of the Child.

Class Sought In : _____

Name the Child : _____

Date of Birth : _____

Address : _____

Number of Siblings of the child and their Names : _____

Previous School Details:

Name of the Previous School	_____
Name of the Principal	_____
Contact No.	_____

Mother's Particulars

Mother's Name : _____

Qualification : _____

Present Occupation : _____

Annual Income : _____

Organization : _____

Mobile : _____

E-mail : _____

Other Particulars

Name : _____

Relation with Child : _____

Qualification : _____

Present Occupation : _____

Annual Income : _____

Organization : _____

Mobile : _____

E-mail : _____

Father's Particulars

Father's Name : _____

Qualification : _____

Present Occupation : _____

Annual Income : _____

Organization : _____

Mobile : _____

E-mail : _____

Reason for change : _____

From Where you came to know about us :

Student	_____	Website	_____	Hoarding	_____
Teacher	_____	Radio	_____	Advertisement	_____
Parents	_____	Press	_____		_____

Office use only

Remark : _____ Principal _____