

What aspects of his/her present school does your child enjoy the most?

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problem requiring special attention:

Section 4: PARENT / GUARDIAN DATA

Father's Name			
Profession		Designation	
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			

Mother's Name			
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Mother's Occupation: House Wife

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Professional

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Profession			
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			

Who cares for your child when you are not at home?

In what way would you like to see Euro School Chhauni influence his/her growth?