

STUDENT APPLICATION FORM

(Kindly fill all details in capital Letters)



SIP ACADEMY INDIA PVT. LTD.
an ISO 9001:2000certified organisation
G3, Temple View, No: 31& 32
Thyagaraja Street, Off North Usman Road,
T.Nagar, Chennai - 600 017



STUDENT DETAILS

Date

Name of Student

Date of Birth Date Month Year Male Female

Residence Address.....

..... Pincode Res. Ph. (with STD code).....

Interests.....

SCHOOL DETAILS

Name of School.....

Area.....Class.....Section.....

PARENTS DETAILS

Father's Name.....Occupation.....

Organisation Name.....

Phone (with STD code).....Mobile.....E-mail.....

Mother's Name.....Occupation.....

Organisation Name.....

Phone (with STD code).....Mobile.....E-mail.....

FEEDBACK DETAILS

Programme for which you want to enroll your child : SIP Abacus & Brain Gym SIP AMAL

How did you get to know about SIP Academy? Newspaper School Others.....

.....If friends, specify.....

Reasons for enrolling your child.....

Did the LCL spend at least 30 minutes explain the programme to you? Yes No

Are you willing to spend 10-15 minutes everyday with your child on the SIP Abacus & BG programme?

Yes No

Parent's Signature

Student Code :

Learning center seal with code

Batch Code :