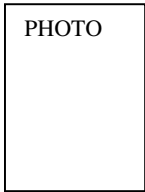




**GENESIS GLOBAL SCHOOL**  
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**SUMMER PROGRAMME REFISTRATION FORM**

<b>Name of Student</b>	First name .....	Middle name .....	Surname .....
Date and of birth		Sex	
Mother Tongue		Nationality	
<b>Particulars of Parents</b>	<b>Father</b>	<b>Mother</b>	
Name			
Educational Qualifications			
Profession/Occupation			
Tel. (Office)			
Tel. (Residence)			
Mobile			
Fax			
E-mail address			
Emergency Phone No.			
Permanent Address		Present Address	
Indicate if the child has learning difficulty/physical challenge			
Tick the Sports opted: 1. Swimming <input type="checkbox"/> 2. Tennis <input type="checkbox"/> 3. Squash <input type="checkbox"/> 4. Table Tennis <input type="checkbox"/> 5. Basket Ball <input type="checkbox"/> 6. Football <input type="checkbox"/> 7. Badminton <input type="checkbox"/> 8. Fencing <input type="checkbox"/> 9. Netball <input type="checkbox"/>			
For Office Use			
Fee Receipt No .....		Date .....	
Please fill the medical form enclosed .			

