



# St James Mar Thoma Sunday School, Kuwait

## Students Admission Form

Name of the Student \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male/Female \_\_\_\_\_

(Day/Month/Year)

Edavaka Membership No: \_\_\_\_\_

Prayer Group \_\_\_\_\_ Area \_\_\_\_\_

Parent's Name:-

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address: P.O. Box \_\_\_\_\_ Pin Code \_\_\_\_\_ Place \_\_\_\_\_

Contact No: Residence \_\_\_\_\_ Mobile \_\_\_\_\_ Office \_\_\_\_\_

Residential Address:

Area \_\_\_\_\_ Block No: \_\_\_\_\_ Street Name or No \_\_\_\_\_

Bldg No: \_\_\_\_\_ Floor No. \_\_\_\_\_ Flat No. \_\_\_\_\_ Near by \_\_\_\_\_

Email : \_\_\_\_\_

Class & Name of academic school: \_\_\_\_\_

Mother Parish \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Signature of the Parent) Date: \_\_\_\_\_

*(for Office use only)*

Class in which the student is admitted: \_\_\_\_\_

Name of the Teacher: \_\_\_\_\_

Register No \_\_\_\_\_ Class Location \_\_\_\_\_

\_\_\_\_\_  
*President*

\_\_\_\_\_  
*Headmaster*