



# Swings2Wings<sup>TM</sup>

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## PARENT ENQUIRY FORM

Name of the child : \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Age : \_\_\_\_\_ Gender : M/F

Father's Name : \_\_\_\_\_

Occupation : \_\_\_\_\_ Place of work : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Occupation : \_\_\_\_\_ Place of work : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

Siblings (if any) : \_\_\_\_\_ Age : \_\_\_\_\_ Gender : M/F

Residential Address : \_\_\_\_\_

\_\_\_\_\_ Phone No. : \_\_\_\_\_

Does the child have any challenges / specialities that you would like us to know \_\_\_\_\_

\_\_\_\_\_

Your expectations from the school : \_\_\_\_\_

Signature:

Date :

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### For office use

Remarks : \_\_\_\_\_

Signature :

Date :