

MALAYALAM SCHOOL OF SAINT LOUIS

Registration 2018-2019

Please fill in the form completely.

Parent or Guardian needs to fill the form for minors.

Student(s) Name: _____

Parents/Guardians Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Email Address: _____

Alternate Contact Name: _____

Relationship: _____

Contact Number: _____

Number of students you are registering: _____

By signing this form, I acknowledge receipt of the rules and regulations document. I also understand that the Malayalam school may revise, supplement, rescind policies or procedures described in the rules and regulations. By signing below, I certify all the information is true and correct to best of my knowledge.

Parent/Guardian/Student Signature: _____

Date: _____