



small  
WONDERS  
SCHOOL  
CONFIDENT COMPETENT CARING

**ADMISSION SLIP**

(to be filled by parents)

Date

Name of the Child

Date of Birth

Daughter / Son of Mr.

Address

Tel. No. Mobile

**For office use only**

The admission dues are paid and the child is admitted to class Section

Roll No. House in the Academic session

School Transportation : Yes No Bus No.

Accountant

Admission Coordinator

Principal