

K S OLYMPIAD ACADEMY

Student Enrollment Form

Photograph

Name: _____

Std: _____

Address: _____

Phone:- (R) _____ (O) _____

Date of Birth: _____

Name of the School: _____

School Timings: _____

Father's Name : _____

Mobile Number: _____

Mother's Name: _____

Mobile Number : _____

KS Olympiad Academy