

KAKUBHAI PARIKH GROUP OF SCHOOLS

Branch:

KPS

MOTHER'S CARE

BPSE

INQUIRY FORM

Inquiry for the class : _____ Medium _____ Form No.: _____

Name of the Student: _____

Date Of Birth : _____

Name of Parent : _____

Residential Add.: _____

Contact (F) _____ (M) _____

Email Id : _____

Present Class : _____ Present School : _____

Board : State / CBSE / IB / ICSE / Other

How did you come to know about KPGS _____

Siblings studying in School KPS / MOTHER'S CARE / BPSE _____ Class _____

Referred by _____

Sign. Of Admission Desk In charge _____ Sign. Of Parents _____