



Unique Academy

FORM M*



(To be filled by the Student/parent)

To be filled in BLOCK LETTERS.

NAME: _____ CLASS _____

SCHOOL: _____ PHONE NUMBER: _____

EMAIL: _____

PERCENTAGE SCORED IN THE PREVIOUS CLASS: _____

AGE: _____ DATE OF BIRTH: (dd/mm/yy) _____

FATHER'S NAME: _____ OCCUPATION: _____

PHONE NUMBER: _____ EMAIL: _____

MOTHER'S NAME: _____ OCCUPATION: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

SOURCE FROM WHERE YOU CAME TO KNOW ABOUT UNIQUE LEARNING:

NEWSPAPER (Name)	INTERNET	LEAFLETS	YELLOW PAGES (Name)	OTHER SOURCES (Name)

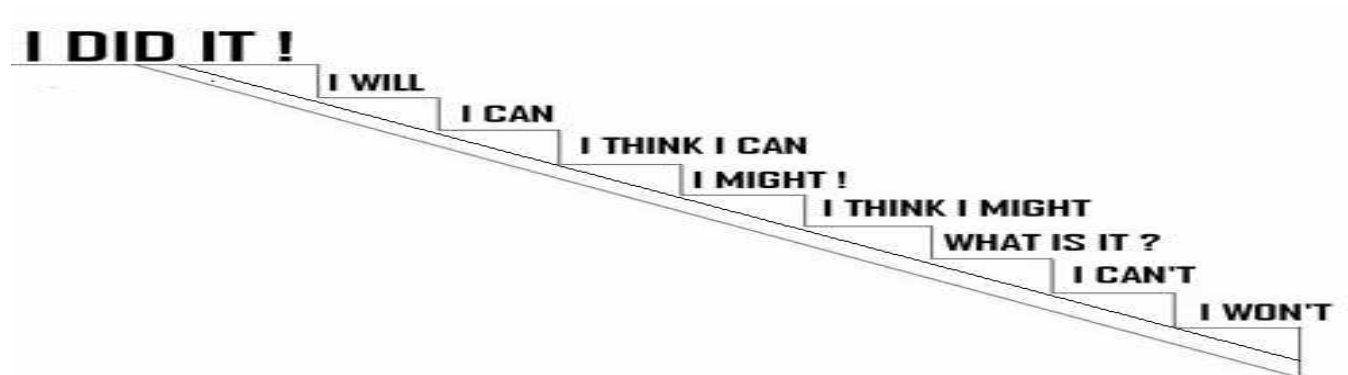
Dates wants/not wants

(Attach a Photocopy of your mark sheet)

PERCENTAGE SCORED IN THE PREVIOUS CLASS: _____

MARKS SCORED IN ALL SUBJECTS (DETAILED PREVIOUS RECORD):

SUBJECT	CLASS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Your child's ladder of success....

SIGNATURE OF THE STUDENT: _____

NAME: _____

SIGNATURE OF THE PARENT: _____

NAME: _____