



HEALTHY- MIND INTERNATIONAL SCHOOL

ADMISSION INQUIRY FORM

Sr. No _____ Date _____ Academic Session _____

Full Name (Inquirer): _____

Designation: _____

Residential Address: _____

Mobile No (Direct): _____ Official _____

Email: _____

How did you come to know about us? Paper Ad Friends Internet

Other (Specify): _____

Child Details

Please tick where appropriate:

Transferred

New Admission

Name of the Child	Date of Birth	Current School/Previous School	Class	Tuition fee

FEEDBACK

State below your observations. Your feedback will help us serve you better.

FACILITIES

CURRICULUM

WORKING HOURS

FEE STRUCTURE

THANKS FOR THE FEEDBACK!!!