



Are there any special needs of your ward (please specify)

Local Contact Numbers (if any):

I hereby declare that the information given above is true to the best of my knowledge and belief.
I further declare that I have read the rules of the school and agree to abide by them.

Signature of Father

Signature of Mother

FOR OFFICE USE ONLY

Date of Admission: _____ House: _____

Dorm No.: _____ Room No.: _____

Admission Coordinator's Remarks

Date:

Signature:

Headmaster's Remarks:

Signature of the Headmaster:

ADMISSION FORM



SelaQui



SelaQui International School

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