



ENTRY FORM

Please complete the following information clearly and accurately.

1. STUDENT INFORMATION

Name of the Student:

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Grade / Class:

Name of the School:

2. PARENT / GUARDIAN INFORMATION

Name of the Parent / Guardian (Mother/Father):

.....

Address:

.....

Contact Number (WhatsApp):

3. TEACHER INFORMATION

Name of the Class Teacher / Art Teacher:

.....

Contact Number (WhatsApp):

Please enter the above information in the following google form.

