

Student Registration Form

Bridges Student ID No.

A School for Afghan teenagers

PLEASE FILL IN CAPITAL LETTERS

Date of Registration:	/	(DD/N	/IM/YY)									
Educational Qualification s	o far:											
Name:					1 1		1	1				1
(Given Name)							1					
(Surname)		<u>'</u>	1	1 1					I	1	I	
Country Name:												
Date of Birth:/												
Gender: Male Female												
Parent Name:							AFFIX PHOTO HERE					
Address (India):												
Home Phone (India):												
Mobile Phone (India):						_						
Email: Please fill in CAPITA	L LETTERS	use new b	oox for eacl	n letter and	symbol							
Check this box if you do	not want	t to receive	e updates f	rom us in fu	uture'							
Check this box if you do not want to receive updates from us in future' How did you come to know about us: Social Media Just Dial Website Email SMS												
		Ou	tdoor Ad [Friend	O1	ther (Specif	- y)				
Applicant Passport No: Applicant Visa No:								_				
Parent Phone No:	Guardian phone No:											

Parent Signature Applicant Signature