

SHAKTHI INSTITUTE

333, Gale Road, Colombo 04. Phone: 2507310-2
51, Alexandra Place, Colombo 07. Phone: 2685325-6



www.shakthiinstitute.com

STUDENT REGISTRATION FORM

FIRST NAME

SURNAME

ADDRESS

PHONE

EMAIL

NATIONAL IDENTITY CARD DATE OF BIRTH

SCHOOL

NAME OF PARENT / GUARDIAN

PHONE NO. OF PARENT / GUARDIAN

EXAM		GRADE	YEAR OF EXAM	MEDIUM	SUBJECT	SUBJECT CODE
LOCAL / LONDON	OL / AL	1 - 13	2015 - 2020	SINHALA / ENGLISH		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF TEACHER	DAY OF CLASS	DATE OF FIRST LESSON
	MON / TUE / WED / THUR / FRI / SAT / SUN	
<input type="text"/>	<input type="text"/>	<input type="text"/>

I have read and agree to abide by the Rules and Regulations of the Institute, be disciplined and do my best in my studies.

.....
Signature of Student

.....
Date

.....
Signature of Parent/ Guardian

FOR OFFICE USE		
Reg. Fees - Rs. _____	Form checked by - _____	Registration No.
Monthly Fees - Rs. _____		Subject Code.
Total - Rs. _____	Entered into Computer by- _____	