SHAKTHI INSTITUTE

333, Galle Road, Colombo 04. Phone: 2507310-2, 2507315

www.shakthiinstitute.com

STUDENT REGISTRATION FORM

FIRST NAME

SURNAME

ADDRESS

DATE OF BIRTH

SCHOOL

NATIONAL IDENTITY CARD

MOBILE OF STUDENT

EMAIL OF STUDENT

NAME OF PARENT / GUARDIAN

MOBILE OF PARENT / GUARDIAN

EMAIL OF PARENT / GUARDIAN

EXAM		GRADE	YEAR OF EXAM	MEDIUM	SUBJECT	SUBJECT CODE
LOCAL / LONDON	OL / AL	1 - 13	2023 - 2028	SINHALA / ENGLISH		

NAME OF TEACHER	DAY OF CLASS MON / TUE / WED / THUR / FRI / SAT / SUN	DATE OF FIRST LESSON

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