



**ALETHEA INTERNATIONAL SCHOOL  
&  
ALETHEA SCHOOL**

*No 13,15,17 Sri Mahabodhi Road, Dehiwela*

**New Admission Form-Care Centre**

PHOTO

**Form No**  **Date of Issue**  **Date Returned**

*Please read carefully and fill in the relevant*

1. Name of Child : \_\_\_\_\_
2. Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)
3. Present Class : \_\_\_\_\_
4. Name of Class Teacher : \_\_\_\_\_
5. Mother's Name : \_\_\_\_\_
6. Contact No. (Mobile): \_\_\_\_\_ (Office): \_\_\_\_\_
7. Father's Name : \_\_\_\_\_
8. Contact No. (Mobile): \_\_\_\_\_ (Office): \_\_\_\_\_

➤ Programmes Requested for: \_\_\_\_\_  
\_\_\_\_\_

➤ Any Siblings at the care centre :-

1. Name : \_\_\_\_\_ Age : \_\_\_\_\_
2. Name : \_\_\_\_\_ Age : \_\_\_\_\_

➤ In case of an emergency if both parents cannot be contacted whom should we contact:

1. Name : \_\_\_\_\_ Contact No.: \_\_\_\_\_
2. Name : \_\_\_\_\_ Contact No.: \_\_\_\_\_

\_\_\_\_\_

*Parents Signature*

<u>Payment Form Issued</u>	<u>Date of Payment</u>

