



SAPIENS
SCHOOL OF LEARNING

ENQUIRY FORM

Child's First Name : _____ Child's Last Name : _____

Date Of Birth : _____ Age : _____

Residential Address : _____

Mother's Name/ Guardian's Name : _____

Mobile No. : _____ Email : _____

Father's/ Guardian's Name : _____

Mobile No. : _____ Email : _____

Program :

- Play Group (1-2 years) Nursery (2-3 years) Junior Kg (3-4 years)
- Senior Kg (4-5 years) Day Care (1-10 years) Evening Care (1-10 years)

Terms & Conditions :

- The payment of INR 5000/- is towards the Admission Application form which will be followed by an interaction with the school leadership team.
- If you are unable to attend the interaction on your selected date, you will have to inform the school in advance. We will then accommodate you in a different slot at a later date & time.
- If you fail to make it to the interaction & don't get in touch with us within 7 days with a request for reschedule, you will need to submit another application form.
- The application fees are non-refundable.

