



Admission Referral Claim Form

Admissions for A.Y.

Date

SOURCE

School Name

Name of Referring's

First Name

Middle Name

Surname

Mobile number

Details of existing students

S. No.	Student Name (Preschool/entity name)	School	Grade	UDI No.

To be filled and verified by HO – Marketing team

Confirmation: Applicable Deposit, Admission & Annual Fees is received on ____ / ____ / ____

Name of the Accounts Executive at School

Signature

Name of Admission Officer

Signature

Name of the Principal

Signature

Approval of HO – Marketing

The above is verified and Approved not approved (please ✓)

Signature

(Note: Please note that the unapproved claim forms will not be accepted)