EDEN HOME SCHOOL SYSTEM& CHILD DEVELOPMENT CENTRE

11-D Satellite Town Gujranwala. Ph: 055-3859082, 3843467

Name:			
Father's Name:			Photo
Guardian's Name:			
Date of Birth:	Gender:	Cast:	
Father's Profession	Nationality:	Religion:	
Address:			
House No	Street No		
Mohallah:	City:	District:	
Contact Numbers:			
PTCL:	Mobile No1:	Mobile No2:	
Mobile No3:	E-Mail:		
Last class attended:	School:		
Date:	Signature of father / guardian:		
Orders of the principal: _			
	For Office U	<u>Jse</u>	
Registration No:	Class:	Roll No:	
Registration fee	Security fee:	Monthly fee:	
Admission Fee:	Other Charges:	Receipt No:	
Date:	Signature of Accountant:		

Under Taking

I , the fa	nther / guardian of	undertake that:			
D	. I shall remain in constant contact with Eden Home School System & Child Development Centre in connection with the academic progress of my ward and shall see the principal in this regard.				
	I shall make sure that my ward attends Eden Home School System & Child Development Centre regularly and punctually.				
C	I agree that the management of Eden Home School System & Child Development Centre is fully authorized to change the terms and conditions, uniform and amount of dues etc. as and when required without prior notice.				
	4. I shall not claim the refund of any sort of fee / funds paid on behalf of my ward except the security fee.				
	5. I shall pay the fee before the fifth of every month , failing which I shall have to pay Rs. 10 as late fee per day.				
	6. If my ward remains absent from the school for more than a week without application to the principal, his / her name will be struck off.				
	olitical, controversial and religious discussion chool System & Child Development Centre.	ion is not allowed in Eden Home			
	rincipal Eden Home reserves the right to expection of the second of the right to expect the right to expec	pel students from the institution on			
9. T	The decision of the principal will be final in al	l the cases.			
Name of	f father / guardian				
Signatu	re of father / guardian				
N.I.C N	o.				

Date: _____