

Online Registration

Registration Number:

Nu1600405

Programme:

Nursery

Registration Date:

27/03/2015

A) CHILD'S PARTICULARS

Name:	MOORI LAKSHITH SAI KUMAR R		
Gender:	☒ Male ☐ Female	Date of Birth:	25 03 2012
Place of Birth:	India	Birth Cert / Passport / FIN / UNIN No.:	T1271284C
Birth Order:	☒ 1 ☐ 2 ☐ 3 ☐ 4	No. of Siblings:	☒ 1 ☐ 2 ☐ 3 ☐ 4
Nationality:	Permanent Residence	Race:	Indian
Block No.:	359	Floor No.:	02
Unit No.:	433	Building Name:	BLOCK 359
Street Name:	TAMPINES STREET 34	Postal Code:	520359
Choice of Mother Tongue:	Hindi	Language spoken at home:	Hindi/Telugu

B) SIBLING INFORMATION

Has Current Sibling in Sarada?	☐ Yes ☒ No
Sibling Birth Cert / Passport / FIN / UNIN No.	T0871296J Verified This record exists.
Have you registered another of your children in this Registration?	☐ Yes ☒ No

C) TRANSPORT SERVICE

School Transport Required	☐ Yes ☒ No
Pick Up Address same as Residential?	☒ Yes ☐ No

D) PARENTS' / GUARDIAN'S PARTICULARS

	Father / Guardian	Mother / Guardian
Name (as in NRIC):	MOORI ASHOK KUMAR REDDY	BOJJIREDDY SOUJANYA
NRIC / Passport / FIN / UNIN No.:	S7863695E	S8477350F
Block No.:	359	

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Block No.:	359	
Floor No.:	02	
Unit No.:	433	
Building Name:	BLOCK 359	

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3/27/2015

ICHILD

Page 2 of 3

Street Name:	TAMPINES STREET 34	
Postal Code:	520359	
Home Contact:	65247469	
Office Tel:	65953801	65247469
Mobile:	81188449	93365499
Working Status:	Working less than 56 hrs v	Working less than 56 hrs v
Occupation:	Executives & Manager v	Executives & Manager v
Religion:	Hinduism v	Hinduism v
Nationality:	Permanent Residence v	Permanent Residence v
*E-mail Address:	ASHOKVAR@GMAIL.COM	ASHOKSOWJI@GMAIL.COM
	☒ Receive Email Alert	☐ Receive Email Alert

E) EMERGENCY CONTACT (The Following Details Will Be On The Child's Badge)

Child's Name (To be on the badge):	MOORI LAKSHITH REDDY	Relationship:	Others v
Contact Number to be in child's badge:	81188449		

F) EMERGENCY CARE CONTACT (In The Event Of School Closure Due To Unforeseen Circumstances & Epidemic Situations)

	☐ Mother ☐ Father ☒ Care-Giver
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G) MEDICAL HISTORY

Allergies:
Does your child have allergic reactions? E.g. foods, medicine, grass etc.
☐ Yes ☒ No
If yes, please provide details:

If yes, please provide details:

Medical Conditions:

If you child has any of the above medical condition, please provide details:

Special Needs:

Does your child have any special needs/challenging behaviours?

☐ Yes ☒ No

If yes, please provide details:

Does your child regularly visit a specialist? E.g. speech therapist, etc.

☐ Yes ☒ No

If yes, please provide details:

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3/27/2015

ICHILD

Page 3 of 3

Medical Emergency:

☐ I understand in case of accident or emergency, every effort will be made to contact me/my spouse immediately. In the event that my child requires medical attention, I authorise the school to obtain medical assistance, and agree to pay any medical/transport costs incurred.

GENERAL INFORMATION

I Certify That All The Information Given Is True And Undertake To Inform The School Of Any Changes To The Above Information. And I Agree To The Following Permission:

- I give permission for my child to be observed, photographed and/or videoed by the school teachers and student teachers for training purposes.
- I give permission for my child's photography and artworks to be displayed in our school's portfolio work, newsletter, in-house training materials and publicity materials. This includes materials placed on our website.
- I authorize my child to be taken on routine excursions or outings and will not hold the school responsible for any unforeseen mishap/accident. (Ample notice of such excursions or outings will be given to parents.)
- If I move house and no seat is available in the class (due to a change of session) or a seat on the bus (due to full capacity), the school will not be able to accommodate my child and I have to make alternative arrangements for schooling or transportation.

***Submitted By:**

MOORI ASHOK KUMAR REDDY

***Relationship To Child:**

Father

☐ **I have read and agree to abide by the terms and conditions listed above.**

(There will be a submission button below which will be disabled until the parent ticks the checkbox.)

***Verification Code:**

DW7B

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Print

Close

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3/27/2015