



St Peter's Mar Thoma Sunday School, Kuwait Students Admission Form

Name of the Student _____

Date of Birth: _____ / _____ / _____ Gender: Male/Female _____

(Day/Month/Year)

Edavaka Membership No: _____

Prayer Group _____ Area _____

Parent's Name:-

Father _____ Mother _____

Address: P.O. Box _____ Pin Code _____ Place _____

Contact No: Residence _____ Mobile _____ Office _____

Residential Address:

Area _____ Block No: _____ Street Name or No _____

Bldg No: _____ Floor No. _____ Flat No. _____ Near by _____

Email : _____

Class & Name of academic school: _____

Mother Parish _____

Permanent Address _____

_____ (Signature of the Parent) Date: _____

(for Office use only)

Class in which the student is admitted: _____

Name of the Teacher: _____

Register No _____ Class Location _____

President

Headmaster