

SDA ENGLISH SCHOOL – NOIDA

CONTINUATION FORM

Name of the Pupil: _____ Class: _____

Date of Birth: _____ Sex: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Phone: _____ Email: _____

Registered to Class: _____ for the Academic Year 20__ - 20__

FINANCIAL AGREEMENT

I _____ agree to pay all the fees and dues regularly.
(Parents Name)

In case of failing by due date, I will pay the penalty as set by the *School Authority*.

Sign. of Parent/Guardian

F.R. No _____

Amount _____

Date _____

Cashier _____

Principal