



"VIJJA UDAPADI"

SHANTHI VIHARA DHAMMA SCHOOL - SHEFFIELD

TEL: 0115 822 4552

Thank you for applying to Shanthi Vihara Dhamma School. Please complete this application form and return it to us.

STUDENT DETAILS 1

Forenames

Surname

\_\_\_\_\_

Date of Birth: DD/MM/YYYY

Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Fluency in Sinhala Language: \_\_\_\_\_

Interests & Hobbies: (Favorite subject, etc.)

Skills: (Singing, dancing, drawing, etc.)

STUDENT DETAILS 2

Forenames

Surname

\_\_\_\_\_

Date of Birth: DD/MM/YYYY

Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Fluency in Sinhala Language: \_\_\_\_\_

Interests & Hobbies: (Favorite subject, etc.)

Skills: (Singing, dancing, drawing, etc.)

### STUDENT DETAILS 3

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Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: DD/MM/YYYY \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Fluency in Sinhala Language: \_\_\_\_\_

Interests & Hobbies: (Favorite subject, etc.) \_\_\_\_\_

Skills: (Singing, dancing, drawing, etc.) \_\_\_\_\_

### DETAILS OF ADULT (PARENT, STEP-PARENT, GUARDIAN) WITH PARENTAL RESPONSIBILITY

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Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Communication Preferences for notification regarding Dhamma School events: \_\_\_\_\_

Thank you for filling in this form. It will be kept in file at Dhamma School.

I am aware that Shanthi Vihara Dhamma School might take photographs of my children and allow photos to be taken in particular moments.

I hereby confirm that all the aforementioned information is true and would prefer to make the application for the registration.

Parents' signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE	REG NO:	DATE OF ADMISSION	LEVEL ASSIGNED	SIGNATURE OF ACCEPTOR