

Complete the form below and email to admissions@alethea.lk

Student's Details:-	<u>STU</u>	DENT INQUIRY INFORM	NATION SHEET		
Student's Full Name:		(1-	atawastianal Commis		
Admission to Grade: Date of Birth:	(ulum/National Curriculum)	
Gender:	/(dd/mm/yyyy) Male / Female				
Telephone No:	(General)				
retephone No.			Mobile)		
City of Residence:			mobile)		
Religion:					
5					
Previous Educational Detai	<u>ls:-</u>	D. anti-anti-anti-anti-anti-anti-anti-anti-	Contin	Martin and Later attention	
Name of the School		Duration (State Year)	Grades	Medium of Instruction	
		From:	From:		
		То:	То:		
Parents Details:-					
Details		Parent			
Full Name					
Nationality					
National ID No.					
Occupation/ Designation					
If Business, Nature of the Business					
Name of the Company/ Institution/Organization/Business					
Address					
Company Phone					
E-mail					
Does the student have any brothers or sisters in this If yes, mention Name, Admission No, & Grade:			? Yes	No	
Cignoturo				Data	
Signature				Date	
For Office Use Only: Inquired & Fees Structure: Collected Admission Form: How they heard about Alethe		Yes No Yes No Word of Mouth New	spaper Add Ne	wspaper Article	
Current Student	Present	Parent Past Stud	ent Teac	her Event	