



Shishu Bharati

School of Languages and Culture of India

www.shishubharati.net

REGISTRATION FORM 2019-20

STUDENT INFO

First Name: _____ Last Name: _____

Date of Birth: _____ M: ___ F: ___

School Grade in 2019-20: _____

Returning student ID: _____

CONTACT INFO

Address: _____

Town: _____ State: ___ Zip: _____

Tel. No.: _____ Cell Phone No.: _____

Primary E-Mail: _____ Alternate E-Mail: _____

Language Interested to Register: _____

Location Interested to Attend: _____

CULTURAL INFO

Language/s Spoken at Home: _____

Cultural Interests: _____

FAMILY INFO

Father's Name: _____ Mother's Name: _____

Name: _____ Age: ___ M: ___ F: ___

Siblings:

Name: _____ Age: ___ M: ___ F: ___

VOLUNTEER INFO

Would you like to volunteer SB in any capacity? Yes: ___ No: ___

Volunteer Name: _____

Areas you can help in (please circle all that apply):

Teaching Culture

Arts & Craft

Book Reports

Special Events

Language Activities

Special Skills/Services (Specify):

Teaching Language

Library

Internet

Fund Raising

Administration

Other (Specify):

I hereby authorize my registered child to participate in the programs sponsored by Shishu Bharati and release Shishu Bharati School, its administrators, officers, Volunteers and teachers from any and all responsibilities in case of injury or property damage sustained by my child in connection with the said participation. I also hereby declare that I have read and understand the school's policies related to the academic procedures as described herein, and as are available in the school handbook and the school website.

Signature of Parent/Guardian or Volunteer

Date