

Family ID	to be filled in by Vidyalaya	
Home Phone		
Address		
City		
Zipcode		

Mother**Father**

First name		
Last Name		
email		
Work Phone		
Cell Phone		

Child 1**Child 2**

ID	to be filled in by Vidyalaya	
First Name		
Last Name		
child email		
child cell phone		
Gender		
Date of Birth		
Language*		
Grade (Fall 20)		

*Language Please select one of Hindi, Gujarati, Telugu