



INTERNATIONAL HORIZONS SCHOOL - PRESCHOOL APPLICATION FORM

Student Information

- Childs First Name:
- Child& Last Name:
- Date of Birth (dd.mm.yyyy):
- Place of Birth:
- Gender: Male Female Other
- Nationality:
- First Language:
- Other Language(s) Spoken at Home:
- Preferred Start Date (dd.mm.yyyy):
- Address:
- PinCode:
- City:

Parent/Guardian Information

Father Details:

- First Name:
- Last Name:



International Horizons School

Bridging Cultures and Building Futures

Mother Details:

- First Name:

- Last Name:

Contact Information:

- Contact Number:

- Email ID:

Additional Information

1. Does your child have any allergies or medical conditions? If yes, please specify:

2. Special needs or requirements (if any):

Note: Please ensure all details provided are accurate and up-to-date. Submit the completed form along with the necessary documents to our admissions office. For any queries, contact