

JAIN SOCIETY OF TORONTO

**PATHSHALA REGISTRATION FORM
SESSION 2009-2010**

Name of Student _____ **M_ F_**
Surname *First name*

School Grade as of Sept.2009 _____ **Date of Birth** _____

Sibling(s) name attending Pathshala if any _____

Pathshala Level _____ **Teacher's Name** _____

Did student attend Pathshala in 2008-2009 Yes__ NO__

Parent's Name _____

Home Address _____

TEL NO. _____ **E-Mail** _____

We need minimum of 5 families as a group to provide lunch on Pathshala day if you would like to join a group indicate below:

YES **Preferred Month** _____

Please complete this form and bring to Pathshala.

Signature of Parents/Guardian _____ -

School Grade

Junior Kindergarten
Senior Kindergarten

Grade 1 and 2
Grade 3 and 4
Grade 5,6 and 7
Grade 8 and over

Pathshala Level

Rookies

Level 1
Level 2
Level 3
Level 4