



Photo

## KARATE ENROLMENT FORM

**Name of Applicant** :

**Age & Date of Birth** :

**Gender** :

**Nationality** :

**School & class** :

**Parent / Guardian's Name** :  
(For Students only)

**Relationship with Guardian** :  
(For Students only)

**Company Name** :  
(For Adults only)

**Contact Number(s)** : Tel: \_\_\_\_\_ (Residence)

Tel: \_\_\_\_\_ (Office)

Tel: \_\_\_\_\_ (G.S.M)

**E - Mail** :  
(Mandatory)

**Local Address** :

**Blood Group** :

**Day & Time of class** :

SAT	SUN	MON	TUE	WED	THU	FRI

**Transportation required** : Yes  No



مركز تطوير المهارات

Skills Development Centre - centre of fine arts and performing arts

**Monthly Fee Structure:**

**Keyboard Class** : Qrs. \_\_\_\_/-

**Transportation** : Qrs. \_\_\_\_/-

**Grand Total** : Qrs. \_\_\_\_/-

**Rules & Regulations:**

1. Classes are adhered to the timing mentioned here above.
2. Any suggested/imposed change in class schedule shall be under sole discretion of SDC Management.
3. Fees to be paid on or before 5<sup>th</sup> of every month
4. SDC Management holds no responsibility for the missed classes by the student
5. Parents are not allowed to enter classrooms during the class hours.

**Declaration:**

I hereby read & accept the above mentioned conditions of my enrollment as a Karate Student.

**Signature**

:

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Parent**

**Date:**

**For Office Use only**

Date of Joining	Registration Number	Special Remarks

\_\_\_\_\_  
**Verified By**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Office Stamp**