



LALAJI MEMORIAL
OMEGA INTERNATIONAL SCHOOL

Name of the student:

Class:

ID Number:

Date of birth:

Arts activity of choice: *(Tick any one only)*

Creative Cadence

Frolic Feet

Ballerino & Ballerina

Pop and Lock

The Thespian's Arena

Art Palette

Crafeteria

Carve and Chisel

Declaration of any allergies / health issues:

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The payment has been made via the School Fee App of amount Rs. _____

Name of the Parent / Guardian:

Contact number:

Address:

Signature of the Parent / Guardian

Date:

Signature of the student