



SIKH FOUNDATION OF VIRGINIA



Annual Gurmat School Program

Year 2017-2018

Registration Form

(Age 6-18)

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (H) _____ (Cell) _____ (W)

Email: _____

Child(ren):

Name: _____ D.O.B.: _____ Gender: __M/F__

Name: _____ D.O.B.: _____ Gender: __M/F__

Name: _____ D.O.B.: _____ Gender: __M/F__

Please briefly describe your goal why would you like to enroll your child(ren) in the Gurmat school:

Enclosed please find Check Number (payable to Sikh Foundation of VA): _____ for the amount of \$_____ (One Child - \$50.00/year, Two Children - \$65.00/year, Three Children or more - \$75.00/year) to cover the registration fee*.

* Fee can be waived for the families in need, please contact the school coordinator for assistance.

Additional donations are welcome. We use your contributions for buying school supplies, equipment (tablets etc.), and modern teaching tools.

Signature of parent: _____ Dated: _____