

Ile Du Port, P O Box 6, Victoria, Mahe, Seychelles, Tel: +248-4266046; E- mail: trottersstop@gmail.com

KIPS	CLUB FION FORM		<u>nings:</u> n-3.30 pm
<u>18[™] DECEMBER – 29[™] DECEMBER</u>			
Child's Name:	Birth date:	//	Male/ Female
Father's Name:	Phone number:		
Email:			
Mother's Name:	Phone number:		
Email:			
A fee of SR. 2500 (including lunch) must accompany this application.			
It is non-refundable and it does not apply towards tuition or registration to the school's regular academic year.			
*Note: The school does not carry insurance for the children. If the insurance arrangements.	parent feels they need such insur	ance, then they should	l make their own
I hereby apply for the admission of Club and agree to abide by the rules and regulation there		p Pre and Primary	School's Kids
Signature:	Date:	ate for	
FOR OFFICE USE ONLY:	Last	mission	23 J
Received Date	SUL	aulper 1	
Amount	2000	SC.R.	F
Mode of Payment		\searrow	