

SAADHANA Scholastics, Inc.
Student Registration Form

Name of Student: _____
(First M.I. Last)

Date of Birth: _____ Age: _____

Current School Name: _____ Grade in School: _____

Name of Father: _____
(First M.I. Last)

Name of Mother: _____
(First M.I. Last)

Telephone #: _____

E-Mail: _____

Emergency Contact Information:

Name & Relationship: _____

Telephone #: _____

Please Read the information below and sign:

- Visit our website www.mallikamathplano.com for information regarding:
 - Make-up for missed classes
 - Extra help with homework
 - List of class holidays and important Announcements

Tuition Fees:

- Make checks payable to Saadhana Scholastics, Inc.
- The tuition fees are non-refundable

Students are REQUIRED to attend at least 75% of the classes, failing which they may be kindly requested to leave the program to avoid the other students from slowing down

Signature: _____ Date: _____