



# BrainBang

## REGISTRATION FORM

Date :-

### Student

Name		
School		
Std		Date of Birth
E-mail		

### Parents

Name		Area	
Phone			
Res		Mobile	
E-mail			

Average grade in school	Hi / Avg / Low	(tick)
Level of educational support required	Less/Avg/Low	(tick)

How did you come to know BrainBang

### Commitment

I will attend each and every class without failure and I will support this team sincerely

### Signature

Parent		Child	
Payment	Done / Not done	Payment Date	
Registered by		Registration No.	

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