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JSS Education Foundation
Premier Blended Learning

Registration Number (For Office Use Only):

Registration Form

Course: Foundation IX X
Advance XI XII
(☑ which is applicable)

Student's Name: FIRST NAME

MIDDLE NAME

LAST NAME

Affix your passport size photograph

Date of Birth:

School Presently Attending: _____

Father's/Mother's Name:

Mailing Address: _____

P.O. Box:

Mobile:

Land Line: email: _____

Contact Preference: (For contacting you apart through e-mails) [Mark your preference using ☑]

Contact Me On My: Mobile Land Line Contact Time (Please specify a time between 9.00 am & 6.00 pm):_____

Permanent Address: Same As Mailing Address: Yes No If "no", please mention the address below.

P.O. Box:

Declaration:

I declare that I have read all details of the course and rules and regulations. I agree with all the terms and conditions.

Date: DD MM YYYY

Place: _____

Signature of the Student

Contact Us:
JSS Education Foundation, F 52, Block 2A, Dubai Knowledge Village, **Tel: +971 4 361 2917**
For more information please visit: **www.topperselearning.com, www.jssfoundation.com**
E-mail: info@jssfoundation.com