



Guru Angad Institute of Sikh Studies (GAISS)

Admission Form (ਦੁਕਲਵ ਪੱਗਰ)

Student Name: _____

Male: _____ Female: _____ Date of Birth: _____

Parent Names: _____

Address: _____

Home Tel#: _____ Cell#: _____ Alt#: _____

Email Address: _____

Name of Health Insurance: _____ ID No: _____

Address of Insurance: _____

Year of Immunizations for: Diphtheria _____ Polio _____ Tetanus _____

Any Medications/Allergies/Conditions: _____

Any Special Food / Health Conditions: _____

I hereby provide the application registration and medical information requested and release the GAISS school management from any legal or monetary liabilities during my child's stay in the school.

For new Students or if you wish to change existing EFT info: Mail/Submit a fully completed form along with a voided check to 22831 Silverbrook Center Dr., #130, Sterling, VA 20166. For existing Students please skip the next section and simply sign and date the application.

I authorize my bank to transfer from my account a \$50 monthly tax-deductible monthly membership for GAISS's programs. In addition, I authorize _____ additional contribution to GAISS's facility fund. These electronic funds transfers (EFT) should occur on or around the _____ (15th if not specified) day of the month. The notice to change or discontinue my additional contribution will be provided by me in writing.

Signature of Parent or Guardian

Date