



MCAC MALAYALAM SCHOOL

APPLICATION FORM

Form No:

Office Use only

Student ID # _____ Grade _____ First Day of School _____

Student Information (please fill out one form for each child)

Name: _____ **Sex:** _____

Date of birth (D/M/Y): _____ **Grade:** _____

Medical Concerns: _____

Parent Information

Father's Name: _____

Mother's Name: _____

Address: _____

Contact Phone # : _____

MCAC membership ID # : _____

Emergency Contact: _____

E-mail address: _____