



Mahamevnawa Buddhist Meditation Center Auckland

Buddhist ONLINE Dhamma School

Student Registration Form

PARENT SECTION			
Name			
	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Guardian <input type="checkbox"/>
Phone Number			
Email Address <i>This should be an email that you check frequently</i>			
Current Address			

CHILDREN SECTION						
Child 1 Name (in English and Sinhala letters)						
Date of Birth				Gender	M	F
REG NUMBER	TO BE FILLED BY CENTER					
Special Notes (medical, etc.)						
Child 2 Name (in English and Sinhala letters)						
Date of Birth				Gender	M	F
REG NUMBER	TO BE FILLED BY CENTER					
Special Notes (medical, etc.)						
Child 3 Name (in English and Sinhala letters)						
Date of Birth				Gender	M	F
REG NUMBER	TO BE FILLED BY CENTER					
Special Notes (medical, etc.)						

I/We hereby confirm that above details are correct and accurate. Please enroll my children to the center.

I authorize the center to take photographs, video recordings of my child and publish them in center's website, Facebook and other related publications for promotional purposes.

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Signature

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Date