

REGISTRATION

Full	
Name:	
Child's Name:	
Name.	
Address:	
Residential address/ GPS	
Address:	
E-mail:	
Phone:	
Occupation:	
No. of Children:	
Name of	
Name of spouse:	
spouse.	
Address:	
E-mail:	
Phone:	
Thoric.	
Occupation:	
	_
ID Number:	
ID Type:	
Signature:	
Signature.	

Add copy of ID and send to admin@koansonlineschool.com