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Dlearns Animation institute Registration Form

Please fill out one form for each student

STUDENT'S NAME: _____ DOB: _____

AGE: _____ COURSE DETAILS: _____

PARENT/GUARDIAN (*if under 18*): _____

ADDRESS: _____

CITY: _____ ZIP: _____

EDUCATION: _____

PRIMARY PHONE #: _____ PREFER texts calls

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE #: _____

ADDITIONAL INFORMATION ABOUT THE STUDENT (Known allergies, pan card, aadhar number, etc.):
Please provide any information that may be needed in an emergency or that might help provide a successful learning environment.

I Acknowledge that i have read and understand animation institute Privacy & Refund Policy

I have read and agreed with the policies of Dlearns animation institute.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

