HOUSE OF LIGHT SCHOOL

HORIZON

FOR OFFICE USE ONLY

FORM NO.____

STUDENT'S REG NO.

Horizon International Trust

House of Light School

Child Support Form

Child's Particulars:

Child's Name: _____

Date of Birth: _____ Sex: _____ Grade:_____

Father's Name: _____

Occupation:_____

Mother's Name: _____

Occupation_____

No of family members:_____ Brothers _____ Sisters_____ Child's serial number in family:_____

Father/ Guardian's Residential Address:

_____

Supporting person's particulars:

Supporting person's Name: _____

Contact No: _____

E-Mail:_____

Contact Address:_____

Referred by: _____

Declaration:

I hereby undertake to support H.O.L School education of _____

S/ o D/o _____

Starting Date: | | | | | | | | | Amount Per Child Per Month_____

- Payment may be made in cash, or through cheque /P.O in name of "Horizon International Trust".

Mode of payment: Monthly ☐ Semi annually ☐ yearly ☐

Principal

Donor's Signature:_____ **HOUSE OF LIGHT SCHOOL** Signature: _____

PAYMENT SCHEDULE

Date:_____ Amount_____ Date_____Amount:_____

Date:_____ Amount_____ Date_____Amount:_____

Date:_____ Amount_____ Date_____Amount:_____

Date:_____ Amount_____ Date_____Amount:_____

Date:_____ Amount_____ Date_____Amount:_____

Date:_____ Amount_____ Date_____Amount:_____

ATTENDANCE SCHEDULE

Y	E	A	R	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC