

SNEHA SADAN SPECIAL SCHOOL POTHYAKKARA

THERAPY APPLICATION FORM

Name of the child :

Address :

Phone No. :

Gender :

Aadhaar :

Religion & Caste :

Date of birth :

Type of Disability :

Physical handicap if any :

Does the child go to any other school : Yes No

If yes, name the school :

Type of therapy : Occupational Therapy Speech Therapy
 Physiotherapy Individualised Education Program

Time duration : Hours Days

Need for therapy :

Father's Name & Profession :

Mother's Name & Profession :

Name & Age of Siblings (if any):

Date of Admission :

Date of Dismissal :

Case History :

Iparent/guardian of
hereby declare that all the information, provided above are true to the best of my interest . I agree to
abide by the Rules and Regulations of the institution.

Signature of the Parent

Place :

Date :

Signature of the Head of the institution