



PREMIER GENIE
— FORMULA FOR SUCCESS —

Student Information

Personal Information

Full Name: _____

Address: _____

Age & Grade : _____ Mobile Phone: _____

Email: _____

Birth Date: _____ Course Interested: _____

Parent's Name: _____

Mobile Number: _____ Office Number: _____

Emergency Contact Information

Full Name: _____

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Follow up / Remark

