



## FEED BACK FORM

Student Name \_\_\_\_\_

Class \_\_\_\_\_

Mother's Name Mrs. \_\_\_\_\_

Mobile No. \_\_\_\_\_ email ID \_\_\_\_\_

Occupation \_\_\_\_\_

Father's Name Mrs \_\_\_\_\_

Mobile No \_\_\_\_\_ email ID \_\_\_\_\_

Occupation \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

How was your experience with Sreenidhi School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you spoken to your friends about Sreenidhi. 

Yes		No	
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If yes state the number

Have you visited the Senior School. 

Yes		No	
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Interested to join your ward in Boarding (Please tick box)

Day Boarders

5 Day Boarders

Full Day Boarders

Comments on Campus Visit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Signature