



ILMA PARENTS ASSOCIATION

4/100, Thalakotuwa Gardens, Colombo 05



ILMA Parents Association Membership Application Form

PLEASE COMPLETE THE FORM IN BLOCK LETTERS

Name of Parent

Local Address

Occupation

Home Phone

Mobile

Work Phone

Email:

Student 1	Admission No	Grade
Student 2	Admission No	Grade
Student 3	Admission No	Grade
Student 4	Admission No	Grade

Remaks

If your child travelling through School Bus

Bus Number

Route

(Please mention the School Bus Number given by IPA)

(Example : from Kolonnawa)

Annual Subscription Fee = LKR 1200/= (Cash/ Bank) Receipt # _____

Banking details Ima Parents Association
Amana Bank - Ladies Branch
AC No: 001-0374430-002

I agree and abide by the rules, regulations and the constitution of Ilma Parents Association.

Signature: _____

Date _____

Office use

Membership Ref. _____

Notes: _____

Refererd by _____

Approved by

President

Secretary General

Date

