WORLD WIDE INSTITUTE OF SPEECH & DRAMA

APPLICATION FOR ORAL EXAMINATIONS.

T. P. : **+94 775 21 14 16 / +94 702 16 14 16**
E - mail : **worldwideinstituteofspanddr@gmail.com**
Web : **www.wwisd-edu.com**

1. NAME OF CANDIDATE:

2. GRADE :

KEYSTAGE ONE	☐	KEYSTAGE TWO	☐
KEYSTAGE THREE	☐	GRADE ONE	☐
GRADE TRANSITION	☐	GRADE TWO	☐
GRADE THREE	☐	GRADE FOUR	☐
GRADE FIVE	☐	GRADE SIX	☐
SENIOR SEVEN	☐	GRADE EIGHT	☐

3. DATE OF BIRTH

4. SEX (M/F)

5. ADDRESS :

6. CONTACT NO. (RESIDENCE)

CONTACT NO. (MOBILE)

7. NAME OF SCHOOL

OR INSTITUTE :

8. TEACHER'S NAME :

DECLARATION :

I hereby declare that all the details mentioned above are true and to do the best of my knowledge. I have read and understood the terms of participation in the **World Wide Institute of Speech and Drama** course.

……..

Signature of Parent / Guardian