



KIDS HEAVEN[®]
SECONDARY SCHOOL
Excellence in Academics & Discipline

Parents' Feedback Form

1. Kid's name: Advik choudhary

2. Parents' name: Govind choudhary

3. Class: Play Group Session: 2024-2025



4. Please give us your impressions about the following (please tick (✓) which ever is applicable):

Number	Area	Excellent	Very good	Good	Satisfactory	Not satisfactory
1	Teaching	✓				
2	Discipline	✓				
3	Interaction with staff	✓				
4	Extra curricular activities	✓				

Remarks about the school:

* AS Teachess Provide * to my child on their best performance, Thank you.

Date : _____

Signature: _____