www.klischool.com

K. L. International School

(Affiliated to Central Board of Secondary Education)
Near Somdutt Vihar, Garh Road, Meerut- 250 005 (U.P.)
Tel: 0121-2601055, 2601255, 2604555 E-mail: admissions@klischool.com

Application Form for EARLY YEARS (2027-28)

Unique Serial Number:

Instructions for filling up the Application Form:

- The form should be filled in by the parent in his/her own handwriting**.**
- Fill in each entry of the form carefully & write N.A. for the entries which are not applicable. Do not leave any entry blank. **Incomplete form will not be accepted /considered**.
- **Self-attested photocopy of Birth Certificate** issued by Municipal Corporation (within three months of the child's birth) is **mandatory** and must be attached while submitting the application form. The form will not be accepted /considered without it.
- This form will be considered only for shortlisting the student for interaction. **Submission of this application form does not guarantee Registration/Admission.**
- Kindly submit photocopies of Aadhaar Cards of Child, Mother and Father.
- Kindly submit the duly filled-in application form at the School's Main Gate.
- Submission of the application form carries **NO CHARGE**.

RECENT COLOURED (PP SIZE) PHOTOGRAPH OF THE **CHILD** (COMPULSORY)	RECENT COLOURED (PP) SIZE PHOTOGRAPH OF THE **FATHER** (COMPULSORY)	RECENT COLOURED (PP) SIZE PHOTOGRAPH OF THE **MOTHER** (COMPULSORY)

(Name & Date of Birth on form must be same as mentioned on Birth Certificate issued by Municipal Corporation.)

1. Full name of the child (Block Letters) :
2. Date of Birth (a) In Figures : D D M M Y Y Y Y

   (b) In Words : .....
3. Age of the child as on 31 March 2027 : Years Month(s) Day(s)
4. Birth Certificate issue date : Date Month Year
5. Gender : Male Female
6. Aadhaar No. : .....
7. Permanent Education Number (PEN) : ..... APAAR ID: .....
8. Kindly tick the applicable category : General SC ST OBC EWS Disabled
9. Nationality : ..... Religion: .....
10. Is your child with special needs, ailment/ physically handicapped/ disabled/speech disorders: Yes No

    if yes, specify .....(Pls attach the Unique Disability ID Card(UDID)
11. Any past or present illness (infectious/ non-infectious/ chronic) : .....

NO TRANSPORT FACILITY will be provided to Early Years Students.

12. FAMILY INFORMATION:

Particulars of Parent	Father	Mother
Full Name (Block Letters)		
Qualification		
School Education	CBSE ☐ ICSE ☐ STATE BOARD ☐ OTHERS ☐	CBSE ☐ ICSE ☐ STATE BOARD ☐ OTHERS ☐
Occupation & Designation	Private ☐ Government ☐ Business ☐ **Designation** _____	Private ☐ Government ☐ Business ☐ Homemaker ☐ **Designation** _____
Name & Full Address of Office		
Present Residential Address		
Permanent Residential Address (If any)		
E-mail ID		
Aadhaar No.		
Annual Income		
Contact Numbers	_____ _____	_____ _____

13. Are you a single parent | Yes | No | If yes, tick as appropriate: Widow/Widower ☐ Divorcee ☐ Separated ☐

14. Real Brother(s) / Sister(s) whether studying at K.L. International School: | Yes | No | NA |

If yes, Write Name, Adm No. & Class-Sec : .....

If no, mention the school's name in which they are studying : .....

15. Guardian Details (If any)

Name: ..... Relation: .....

Mobile Number: ..... Alternate No.: .....

Residential Address: .....

RECENT COLOURED (PP SIZE) PHOTOGRAPH OF THE **GUARDIAN** (COMPULSORY)

Declaration by Parent:

1. We ensure that the above particulars furnished in the form are true and correct to the best of our knowledge.
2. We agree and accept the process of registration/admission undertaken by the school and will abide by the decision of the school authorities, which shall be final and binding on us in all circumstances.
3. We understand that this form will be considered only for shortlisting the child for interaction. **Submission of this application form does not guarantee registration or admission.**

Date: ..... Father's Sign: ..... Mother's Sign: ..... Guardian's Sign (If any): .....