

K. L. International School

(Affiliated to Central Board of Secondary Education, Delhi)
 Near Somdutt Vihar, Garh Road, Meerut- 250 005 (U.P.)

Tel: 0121-2601055, 2601255, 2604555 E-mail: admissions@kliscchool.com

Application Form for Class I (2023-24)

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 after birth of your child) is **mandatory to attach** while submitting the application form. The form will not be accepted /considered without it.
- This form will only be considered for shortlisting student for interaction and **this application form is not a guarantee for Registration/Admission.**
- Kindly submit photocopy of the Latest Assessment.
- Kindly submit photocopy of Aadhar Card of Child, Mother and Father.
- Kindly submit the filled application form at the School Main Gate.
- Submission of application form carries **NO CHARGES.**

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 2023 : Years

--	--

 Month(s)

--	--

 Day(s)

--	--

4. Birth Certificate issue date : Date

--	--

 Month

--	--

 Year

--	--

5. Gender : Male Female

6. Aadhaar No. :

7. Nationality : Religion:

8. Previous School Details :

School Name	Class	Board
-------------	-------	-------

9. Kindly tick the applicable category : General SC ST OBC EWS Disabled





10. Is your child with special needs, ailment/ physically handicapped/ disabled:

Yes	No
-----	----

 if yes, specify
 (attach the required certificate by the registered doctor /authority)

11. Any Diseases / Prone to Infection / Allergy to child (Kindly specify):

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

Particulars of Parent	Father	Mother
Full Name (Block Letters)		
Qualification		
School Education	CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> STATE BOARD <input type="checkbox"/> OTHERS <input type="checkbox"/>	CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> STATE BOARD <input type="checkbox"/> OTHERS <input type="checkbox"/>
Communication Skills	English Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Hindi Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Other Language <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/>	English Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Hindi Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Other Language <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/>
Occupation & Designation	Private <input type="checkbox"/> Government <input type="checkbox"/> Business <input type="checkbox"/> Designation _____	Private <input type="checkbox"/> Government <input type="checkbox"/> Business <input type="checkbox"/> Homemaker <input type="checkbox"/> Designation _____
Name & Full Address of Office		
Present Residential Address		
Permanent Residential Address (If any)		
E-mail ID		
Contact Numbers	 _____  _____	 _____  _____
Annual Income		
Aadhaar No.		

13. Real Brother(s) / Sister(s) whether studying at K.L. International School: Yes No N.A.

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

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

14. School Transport Required: Yes No

15. Who will help the Child (for completion of homework / project / activities etc.):

16. PTM(s) will be attended by:

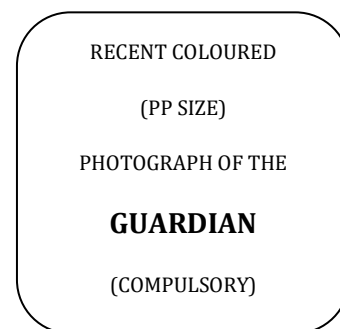
17. Guardian Details (If any)

Name: _____

Relation: _____

Contact Numbers:  _____  _____

Residential Address: _____



Declaration by Parent:

- I ensure that the above particulars furnished in the form are true to the best of my knowledge.
- I agree & accept the process of registration/admission undertaken by the school & will abide by the decision of the school authority which shall be final & binding on me.
- I do understand that this form will only be considered for shortlisting the child for interaction. **This application form is not a guarantee for Registration / Admission.**

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