



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: info@klischool.com

ACADEMIC SESSION 2020-21

Unique Form 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 Result photocopy of the Mid Term Assessment.
- Kindly submit the filled application form at the School Main Gate from 16 January 2020 to 18 January 2020 (Timings: 10:00 a.m to 04:00 p.m)
- Submission of form carry **NO CHARGES.**

Application Form for Class L.KG

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.)

- Name of the child (Block Letters) :

- Date of Birth (a) In Figures :

D	D	M	M	Y	Y	Y	Y
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 (b) In Words :
- Age of the child as on 31 March 2020 : Years

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 Month(s)

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 Day(s)

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- Birth Certificate issue date : Date

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 Month





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 Year

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- Gender : Male Female
- Nationality : Religion:
- Kindly tick the applicable category : General SC ST OBC EWS Disabled
- Is your child with special needs, ailment/ physically handicapped/ disabled:

Yes	No
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 if yes, specify
 (attach the required certificate by the registered doctor/authority)
- Any Disease / Infection / Allergy to child (Kindly specify):

Particulars of Parent	Father	Mother
Name (Block Letters)		
Qualification		
School Education	CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> STATE BOARD <input type="checkbox"/>	CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> STATE BOARD <input type="checkbox"/>
Communication Skills - English	Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/>	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"/>	Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/>
Any other Language _____	Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <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"/> Govt. <input type="checkbox"/> Homemaker <input type="checkbox"/> Business <input type="checkbox"/> Designation _____
Name & Full Address of Office		
Present Residential Address		
Permanent Residential Address (If any)		
E-mail ID		
Contact Numbers (Mobile & Landline)	 _____  _____	 _____  _____
Annual Income		

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

11. 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 :

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

13. PTM's will be attended by:

14. Guardian Details (If any)

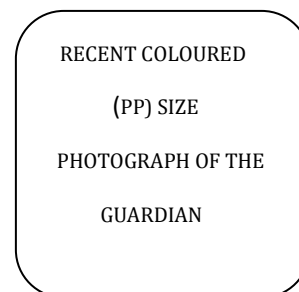
Name: _____

Relation: _____

Mobile No: _____

Landline No: _____

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):