



# 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@kliskhool.com](mailto:info@kliskhool.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 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 U.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.)

1. 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 2020 : Years 

--

--

 Month(s) 

--

--

 Day(s) 

--

--

4. Birth Certificate issue date : Date 

--

--

 Month 

--

--

 Year 

--

--

5. Gender : Male 

--

 Female 

--

6. Nationality : ..... Religion: .....

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





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

Yes
-----

No
----

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

9. 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: \_\_\_\_\_

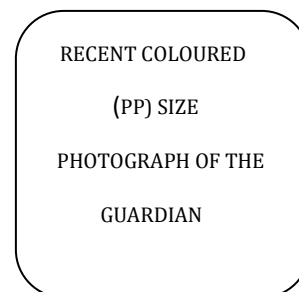
Relation: \_\_\_\_\_

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. **This application form is not a guarantee for Registration / Admission.**

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