



# 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](mailto:admissions@kliscchool.com)

## Application Form for Class L.KG (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 :

(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)

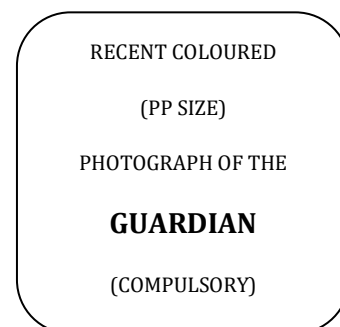
Name: \_\_\_\_\_

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): .....