





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

15. PTM(s) will be attended by:

16. 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):