







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): .....