



# K.V International School

Affiliated to CBSE

## Application for Registration

<b>Application No.</b>	
<b>Academic Year</b>	2019 - 20

Affix  
a  
recent photograph  
of  
the student

(USE CAPITAL LETTERS ONLY)

<b>Student's Name:</b>	<b>First:</b>	<b>Middle:</b>	<b>Last:</b>
<b>Gender :</b>	<b>Male:</b>	<b>Female:</b>	<b>Admission to Standard:</b>
<b>Date of Birth:</b> (* Should not be after 31 <sup>st</sup> March 2008)			<b>Place of birth:</b>
<b>Age as on 1<sup>st</sup> April 2019:</b>			<b>Mother Tongue:</b>
<b>Nationality:</b>			<b>Religion:</b>
<b>Other language known</b>			
<b>Father's/Guardian's Name:</b>			
<b>Address:</b>			
<b>Pin Code:</b>			<b>Phone (R )</b>
<b>Mobile Number:</b>			<b>Phone (o )</b>
<b>Occupation /Designation:</b>			
<b>E-Mail ID:</b>			

<b>Mother's Name:</b>			
<b>Address:</b>			
<b>Pin Code:</b>			<b>Phone (R )</b>
<b>Mobile Number:</b>			<b>Phone (o )</b>
<b>Occupation /Designation</b>			
<b>E-Mail ID</b>			
<b>Annual family income (Rs.)</b>			
<b>Any brother/sister seeking admission to this school:</b>	<b>Name:</b>		
<b>Child with any special needs:</b>	<b>Class:</b>		
<b>Staff child (give detail):</b>			

**Whether transport required?**



# KV International School

Affiliated to CBSE

Other family members  
staying with student at home:

Brother/Sister/Grandparents, etc.			
Name	Relationship	Age	Phone No.

Contact Persons (in case of emergencies)

Name	Relationship	Phone No.

Contact Doctor (in case of emergencies)

Doctor's Name:

Clinic/Hospital:

Phone No.:

Name and address of previous schools/play homes attended

School/Play School Name & Address	No of Years	Standard

Reasons for withdrawal from the present school

--

Achievement / Attainments


Date:

Signature of the Parents/Guardian:

Declaration: I hereby certify that to the best of my knowledge, the information given above is correct. However, I understand that if at any stage it is found that the information given by me is incorrect / false, the admission / registration of my ward is liable to be cancelled. I have carefully read the instructions given above. I fully understand that the school, on accepting the registration form of my ward is not in any way, obliged to grant admission. I also agree that the decision of the Principal regarding admission will be final and binding on me.

Date:

Signature of the Parents/Guardian:

For Office Use:

Application Received on:

Receipt No.:

Date:

Registration No.

Tel: 9716527383; 9625334500

Email: himiesuna@gmail.com

Web: <http://www.kvischool.com>

Knowledge Valley, Dhusara, Una-Amb Road, Himachal