

APPLICATION No. : - - ADMISSION No. : 

KINGS SCHOOL

(Affiliated to CBSE, Affiliation No. 1930753)

Pudhur, Achampadu (P.O.), Vallioor - 627 117.

Tirunelveli Dt., Tamil Nadu.

Tel : 82 200 200 82, 77 088 38 777

Email : school@kingsindia.in Web : www.kingsschools.in

APPLICATION FOR ADMISSION

Affix the latest passport size photograph of the child here.

PERSONAL DETAILS

Name (in English) பெயர் (தமிழில்) Gender Male Female Date of Birth Seeking admission for Class Nationality Religion, Caste & Community Boarding required Yes No Transport facility required Yes No Place & Bus Stop Aadhar Card Number EMIS Number

ACADEMIC DETAILS

Name of the School last attended with address Class last attended / attending Syllabus studied State CBSE Others

DETAILS OF PARENTS	Father / Guardian	Mother / Guardian
Name	<input type="text"/>	<input type="text"/>
Educational Qualifications	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Permanent Address	Present Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Pincode <input type="text"/>	Pincode <input type="text"/>

Activity* Choice (1) Choice (2) Choice (3)

★ will be finalised by the school, based on the availability of seats.

DETAILS OF SIBLINGS STUDYING IN KINGS SCHOOL		Remarks, If any
Name <input type="text"/>	Class <input type="text"/>	<input type="text"/>
Name <input type="text"/>	Class <input type="text"/>	<input type="text"/>

MEDICAL INFORMATION

Blood Group <input type="text"/>	Allergies to medicine, if any <input type="text"/>
History of major illness	<input type="text"/>
Allergic to any specific food	<input type="text"/>
Undergone any surgery, if 'Yes' give details	<input type="text"/>

CERTIFICATE FROM PARENTS

I hereby certify that the above mentioned details are true to the best of my knowledge. I understand that if any information found is untrue, the admission will be cancelled. I fully agree that the decision of the management regarding granting admission will be final and binding on me and I promise to oblige and co-operate with the management.

Note :

1. All the forms duly completed and signed should be submitted to the school office.
2. Transport facilities will be provided by the school only on approved bus routes. It is the responsibility of the parents to drop and collect their children from the specified stops.
3. Once the child is admitted, he / she has to undergo an English Bridge course during the month of May.

Signature of Father / Mother / Guardian	Affix photo of parents
<input type="text"/>	
Name <input type="text"/>	
Applied on	
	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

(FOR OFFICE USE ONLY)

DOCUMENTS SUBMITTED : (Tick ✓)

Birth Certificate	<input type="checkbox"/>	Copy	Blood group report	<input type="checkbox"/>	Original
Transfer Certificate (TC)	<input type="checkbox"/>	Original	Aadhar card	<input type="checkbox"/>	Copy
Progress Report	<input type="checkbox"/>	Copy	Ration card	<input type="checkbox"/>	Copy
Community Certificate	<input type="checkbox"/>	Copy	EMIS details	<input type="checkbox"/>	
Admission to Standard	<input type="checkbox"/>	Section <input type="text"/>	Checked and updated by	<input type="text"/>	
Signature of the Principal	<input type="text"/>		Date	<input type="text"/>	