



KALYAN'S SCHOOL

Dharshan Sai Colony, opposite citizens colony, Pocharam village, Patancheruvu, 502319

APPLICATION FOR ADMISSION

Please complete each section in BLOCK LETTERS

Student photo
& signature

Admission No: _____

Sri / Smt _____

wish to admit my son/daughter to Kalyan's School to the Class _____

for the academic year _____

STUDENT DETAILS:

Name in full: _____

Date of Birth: ____ / ____ / ____ Aadhar No: _____

Sex: Male Female Nationality: _____ Caste: _____

Languages Known: (1) _____ (2) _____

Identification Marks: (1) _____ (2) _____

PARENT/GUARDIAN INFORMATION:

Father's Name: _____

Mother's Name: _____

Guardian Name: _____

Occupation: _____

Email Id: _____ Contact Number: _____

Adress: _____

Previous School History: _____

Declaration by parent/guardian:

I declare that the information provided above is true to the best of my knowledge and the pupil has not attended any school other than those mentioned above.

Signature of the parent/guardian: _____

Signature of the Admission Incharge