



# KJ SCHOOL

Affiliated to CBSE Vide No. 1631052

GATE No. I, OPP. GRID, URBAN ESTATE,  
PHASE-III, PATIALA

Ph.: 0175-2284004, M.: 093571-98218

Child's  
Photo

Father's  
Photo

Mother's  
Photo

Form No.

## FOR OFFICE ONLY

Registration No.		Date of Registration		Registration Fee Receipt No.			
Admission No.		Date of Admission		Year Applied		Class Admitted	
Roll No.		Aadhar Card No.		AW No.			

## I. CHILD DETAILS (PLEASE FILL IN BLOCK LETTERS ONLY)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	__/__/____	
Father Name		Aadhar Card No.		Place of Birth		
Mother Name		Aadhar Card No.		Nationality		
Student Bank A/c No.		IFSC Code		Bank Name		
Fluent In English	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mother Tongue		Other Languages	

## II. ADDRESS

Permanent Residential Address					
Phone No.		Mobile No.		e-mail	

## III. ACADEMIC INFORMATION

### School Attended (Begin with Present School)

Name & Address of School	Class	Board	Percentage
Any Outstanding Achievements			
Interests/Hobbies of The Child			

## IV. HEALTH INFORMATION

Allergy / Chronic Ailments							
Blood Group		Height		Weight		Eyesight	

## V. SIBLING

Name	Gender	Age	Class	SIBLINGS IN KJIPS	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

Parent's Signature

Student Signature

Principal Signature