



Kidderpore Childs World English Medium School

4/3/H/3 Bhukailash Road, Kolkata 700023 (West Bengal)

Website : www.kcwskolkata.org Email : kcwskolkata@gmail.com

Ph. 033 2449 5913

Admission No.	KCWS/1409	Year	2023-2024	Date of Admission	2021-01-28
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Affix photo of Father	Affix photo of Mother	Affix photo of Student
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INFORMATION OF THE CHILD					
Full Name	MD. SAHZADA SAKIL				
Date Of Birth.	2015-09-23	Gender	Male	Admitted in Class	5
Aadhar No	696365443339	Community	Male	Languages Know	
Mother Tanguue		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
42/H/21, Ekbalpore Lane, Khiddirpore. Kolkata-700023.					
Father Mobile No:	6289161794		Mother Mobile No :	8100472471	
Email Id			Email Id		
Prefrred phone Number for school SMS	8100472471		Distance from school (in Kms):		

EMERGENCY CONTACT (Should Provide Local Contacts)					
Name	Md. Shakil	Relationship	Father	Emergency ContactNo.	9038513407

FAMILY INFORMATION									
FATHER					MOTHER/GUARDIAN				
Full Name		Md. Shakil			Full Name		Yasmin Parveen		
Age	0	Nationality			Age	0	Nationality		
Education				Mobile No	9038513407		Education		
Institution					Institution				
Occupation		Salesman			Occupation				
Annual Income					Annual Income				
Office Address					Office Address				
Designation					Designation				
Aadhar No		365293357083			Aadhar No		739116783805		

Single Parent(Only if applicable)				
Single Parent	no	Father		Mother
Address				
If child is sponsored(Agency name)				

Details of Brothers/Sisters of the Student				
Name		Age		Class
Institution				

Incuse of staff ward	
Name of the parent	

DETAILS OF PREVIOUS STUDY					
Year	0	Class		Grade/Marks obtained in final exams:	
The previous school affiliated to:				School	
Awards won so far in sports,arts or academics					

Declaration

I _____ have the authority to admit my child/ Ward _____ into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found sickness or injury from whatever source, legal entanglements, imprisonment, loss of life or money, which might occur while my child is otherwise, i shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school

Signature of Parent or Guardian with date

Signature of the Head of the Institution



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Name MD. SAHZADA SAKIL

Class

Address