



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/1751	Year	2023-2024	Date of Admission	2022-02-28
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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	ZARA SAJID				
Date Of Birth.	2011-05-05	Gender	Female	Admitted in Class	12
Aadhar No	939933668149	Community	Female	Languages Know	
Mother Tangué		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
2/9, BHUKAILASH ROAD KOLKATA 700 023					
Father Mobile No:	7003448535		Mother Mobile No :	7003542824	
Email Id			Email Id		
Prefrred phone Number for school SMS	7003448535		Distance from school (in Kms):		

EMERGENCY CONTACT (Should Provide Local Contacts)					
Name		Relationship		Emergency ContactNo.	

FAMILY INFORMATION									
FATHER					MOTHER/GUARDIAN				
Full Name		SAJID KAMAL			Full Name		ZUBAIDA KHATOON		
Age	0	Nationality			Age	0	Nationality		
Education					Education				
Mobile No					Mobile No				
Institution					Institution				
Occupation		Business			Occupation		HOUSEWIFE		
Annual Income					Annual Income				
Office Address					Office Address				
Designation					Designation				
Aadhar No		847874333345			Aadhar No		756794884032		

Single Parent(Only if applicable)				
Single Parent		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	2020	Class	IV	Grade/Marks obtained in final exams:	
The previous school affiliated to:			School	MODERN DAY 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 ZARA SAJID

Class

Address