



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/2335	Year	2023-2024	Date of Admission	2023-12-07
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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 SHAYAN RAZA				
Date Of Birth.	2018-11-15	Gender	Male	Admitted in Class	3
Aadhar No	957269914617	Community	Male	Languages Know	
Mother Tanguue		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
5/2/H/12, Bhukailash Road, Kolkata 700023					
Father Mobile No:	8777658163		Mother Mobile No :	6290269862	
Email Id			Email Id		
Prefrred phone Number for school SMS	8777658163		Distance from school (in Kms):		

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

FAMILY INFORMATION							
FATHER				MOTHER/GUARDIAN			
Full Name	Md Sonu			Full Name	Shaista Parveen		
Age	0	Nationality		Age	0	Nationality	
Education		Mobile No		Education		Mobile No	
Institution				Institution			
Occupation	Business			Occupation	Housewife		
Annual Income				Annual Income			
Office Address				Office Address			
Designation				Designation			
Aadhar No	940547488904			Aadhar No	240505892753		

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	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 SHAYAN RAZA

Class

Address