



# K.P.ILM INTERNATIONAL SCHOOL

## REGISTRATION FORM

(TO BE FILLED IN CAPITAL LETTER)

STUDENT NAME : \_\_\_\_\_

DATE OF BIRTH & AGE : \_\_\_\_\_

ADMISSION SEEKING FOR CLASS : \_\_\_\_\_

LAST CLASS ATTENDED : \_\_\_\_\_

NAME OF THE SCHOOL : \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_

FATHER'S CONTACT NO : \_\_\_\_\_

E-MAIL ID : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

MOTHER'S NAME : \_\_\_\_\_

MOTHER'S CONTACT NO : \_\_\_\_\_

E-MAIL ID : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

PRESENT ADDRESS : \_\_\_\_\_

OFFICE USE

APPLICATION FORM NO : \_\_\_\_\_

APPLICATION BILL NO : \_\_\_\_\_

ADMISSION FEE BILL NO : \_\_\_\_\_