



KAMALADEVI GOBINDRAM TAHILIANI HIGH SCHOOL

Yashwant Bhavan, PB Marg, Behind Deepak Cinema
Lower Parel, Mumbai- 400 013
Tel: 022 24932316 | e-mail kgtschool@gmail.com

Admission No.
Gen. Reg. No.
Date / /

Application for Registration

(Please fill the form in BLOCK letters only)

Sr. No.

Photo

- Montessori/CBSE/IB Learning at KGT International
Higher Secondary : 15-17 yrs
First Steps : 14-18 Months
grade 11-12
Stepping Stones : 18 Months - 3 yrs
Music, Theatre & Art
Montessori : 3-6 yrs (Nursery/Jr./Sr.)
Indian Languages
Elementary I (Lower) : 6-9 yrs Grades 1-3
World Languages
Elementary II (Upper) : 9-12 yrs Grades 4-6
Before & After School Activity
Middle School : 12-13 yrs grade 7-8
Counseling
Secondary : 14-15yrs grade 9-10

Please admit my son / daughter to Grade _____ in your school

for the year 20 _____ to 20 _____

Name _____
Name Middle Name Surname

Date of Birth DD / MM / YYYY Place of Birth _____ Age _____

Mother Tongue _____ Sex M [] F [] Religion _____

Member of Scheduled Caste / Tribe (if yes, attach proof) Y [] N [] Nationality _____

Residential Address _____

Landline No. _____

Last School Attended _____

Standard _____ Percentage of Marks / Grade _____

Last School Address _____

Landline No. _____

Reason for change _____ Grades repeated (if any) _____

Details of Father

Details of Mother

Name _____

Name _____

Age _____ Date of Birth _____

Age _____ Date of Birth _____

Qualification _____ Occupation _____

Qualification _____ Occupation _____

Designation _____

Designation _____

Company _____

Company _____

Work Location _____

Work Location _____

Annual Income _____

Annual Income _____

Tel _____ Fax _____

Tel _____ Fax _____

Mobile _____

Mobile _____

E-mail _____

E-mail _____

Emergency Contact Person _____

Relationship with Child _____ Tel No. _____

Address _____

Has your child been diagnosed with any learning disability? Y N

Do you require food service facility for your child? Y N

Do you require transportation services for your child? Y N

Do you require day care services for your child? Y N

Please specify other requirements, if any _____

Details of child's sibling(s)

Sr. No.	Name	Age	Education, including name of present school
1.			
2.			
3.			

I certify that the above particulars given by me are true and I agree to abide by the rules, regulations and policies of the school.

I understand that registration does not guarantee admission to the school.

Name of Parent / Guardian _____

Signature _____

Date _____

ADMISSION OFFICE

FOR OFFICE USE ONLY

Admitted in Grade _____ Division _____

on _____ Receipt No. _____

ADMIN