Kinderworld

Where wonders happen

Manjady p.o, Thiruvalla **Email: kinderworldmanjadi@gmail.com**

Grade Applied for.....

1. Personal Information

Name .....

Date Of Birth..... Age .....

Permanent Address with Pincode.....

.....

.....

Address for Communication.....

.....

.....

Landphone No:.....

Mobile No:.....

Email Id:.....

2. Parent's Information:

Father's Name .....

Educational Qualification.....

Occupation.....

Contact No:.....

Mother's Name .....

Educational Qualification.....

Occupation.....

Contact No:.....

Local Guardian (if any)…….

Relation with the Student…….

Contact No:……

Alternate Contact Number in case of emergency……

……

3. Medical Information

Please check if your Child has any of the following conditions:

- Asthma
- Physical Disability
- Epilepsy
- Allergies
- Other (Please mention)……

Family Doctor…….

Is the Student Handicapped (Physically/Mentally)…….

Any learning disability (If so, please give details)…….

Hobby/Extra Curricular Activity the student interested in…….

Place:

Date : **Signature of Parent/Guardian**

For Office Use Only

Application No:……Date of Admission……

Signature of Principal……