K D S INTERNATIONAL SCHOOL

Near Jai Gurudev Temple, Salempur Road, Mathura
Ph: 0565-3240800 Mob: 9368311515, 9412627449
E-mail : kdsinternationalschool@yahoo.com

REGISTRATION FORM

Photograph of Student

1. Name of Student.....
2. Date of Birth.....
3. Father's Name :.....Occupation.....

   Mother's Name.....Occupation.....

   Address :.....Telephone No.....
4. Nationality : .....Mother Tongue :.....
5. Present Address of Parent/Guardian :.....

   .....Telephone No.....
6. Last School Attended :.....Medium of Instruction :.....
7. Last Class passed :.....Year.....

   in case of Class XI Board :.....Roll No. : .....
8. Class to which admission is sought :.....as Day Scholar/Boarder.
9. **Certificate from Parent/Guardian**

* I hereby certify that all facts given above are correct.
* I have read the rules & regulations I agree to abide by the rules and regulations of the School.
* I have no objection to my child/ward participating in the various activities organised in and outside the school.
* The School will not be held responsible for any damage, or charge, on account of injuries, fatal or otherwise which may be sustained by my child/ward while taking part in games, sports or other indoor activities at any time during his/her stay in the School. All expenses that may be incurred in the treatment of such injuries will be borne by me.
* I authorise Schoolars Home to arrange for medical attention, treatment or emergency surgery, If needed, to the best judgement of the Principal.

Signature of Parent/Guardian