

Application for Admission (2023-24)



Dr. KALAM
GLOBAL SCHOOL
Let Your Little Birds Dream Big With Us.

Application No:

Reg NO.:

Plot No.1863, TNHB COLONY, SITHALAPAKKAM, CHENNAI 600 126.
www.drkalamglobalschool.com, drkalamglobalschool@gmail.com, +91-9488380280, 9940082514.

Attach a
recent
passport size
color
photograph

Admission looking for

PLAY GROUP (PG) Pre-KG (PK) JUNIOR KG (JK) SENIOR KG (SK)
GRADE 1 (G1) GRADE 2 (G2) GRADE 3 (G3) GRADE 4 (G4)

To be completed by Parent / Guardian.
Please use CAPITAL LETTERS to complete the form



Candidate's Personal Details:

Student's Name: _____
Date of Birth: **DD** / **MM** / **YYYY** Gender: **Male** **Female** (Please tick Appropriate)
Place of Birth: _____ Nationality: _____
First Language: _____ Other Languages Known: _____



Residential Address & Family information:

Address: _____
City: _____ **State:** _____ **Country:** _____ **PIN Code:** _____

 **Father:**

Full Name: _____
E-mail: _____ Educational Qualification: _____
Profession: _____ Designation: _____ Phone: _____ /

 **Mother:**

Full Name: _____
E-mail: _____ Educational Qualification: _____
Profession: _____ Designation: _____ Phone: _____ /

 **Guardian:** (If Applicable)

Full Name: _____ E-mail: _____
Relation with student: _____ Phone: _____ /





In case of Emergency Call Order of Priority with 1st, 2nd, 3rd



1st Relation: _____ **2nd Relation:** _____ **3rd Relation:** _____
Number: _____ **Number:** _____ **Number:** _____



Sibling Information:

Sibling 1

Full Name: _____

Date of Birth: **DD** / **MM** / **YYYY** _____ **Gender:** **Male** **Female** *(Please tick Appropriate)*

School Name: _____ **Class:** _____



Reference Details:

Reference Through: _____

Address with Tel No.: _____



Declaration:

I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

Date: _____

Signature: _____

(Parent / Guardian)



For School office use only

Checklist:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport copy | <input type="checkbox"/> School Report Card | <input type="checkbox"/> Transfer Certificate |
| <input type="checkbox"/> Passport size Photos | <input type="checkbox"/> Medical Form | <input type="checkbox"/> Transportation Form | <input type="checkbox"/> Admission Fee |

Name of the Student: _____

Program: _____

Date: _____

Signature: _____

(Principal)