

Class in which admission is sought for Session a) Name of the Child in full (In Capital Letters) b) Sex Male ☐ Female ☐c) Date of Birth Day Month Year d) In Words

e) Age of the Student as on 31st March

Year Month Day f) Blood Group of the Child

g) Do you belong to Gen./SC/ST/OBC/EWS/Disabled/S.G. Child? Attach Certificate

Gen. Cat. ☐ SC ☐ ST ☐ OBC ☐ Disabled ☐ SG Child ☐h) **Details of Parents**

Details of Mother/Father	Mother	Father
Name (In Capital Letters)	<input type="text"/>	<input type="text"/>
Nationality & Occupation	<input type="text"/>	<input type="text"/>
Name of Office & Full Address with Telephone Number	<input type="text"/>	<input type="text"/>
Full Residential Address with Telephone Number	<input type="text"/>	<input type="text"/>
Permanent Address	<input type="text"/>	<input type="text"/>
Annual Income	<input type="text"/>	<input type="text"/>

i) Name and address of Local Guardian (if any) j) Name and address of the school last attended with class k) Whether last school was CBSE affiliated l) If the last school was not affiliated with CBSE, specify name of the board m) Result of last examination Percentage n) Subject proposed to offer 1. 2. 3. 4. 5. 6. o) Whether the Transfer Certificate is attached Yes ☐ No ☐ Date of TC p) Mother Tongue Hometown Date of Admission Signature of Principal
 Affix Recent Passport Size
 Color Photograph of
 the Student

LANGUAGE PROFICIENCY :

APPLICANT'S MEDICAL SUMMARY :

Height _____ Weight _____ Blood Group _____ Dietary preference: Veg ____ Non Veg ____

Allergies (food, meds, insect, seasonal)	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Frequent Headaches	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Asthma	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Hearing Problems	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Diabetes	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Heart disorder	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Epilepsy/ Seizure Disorder	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Hepatitis A/B/C	<input type="checkbox"/> Yes / No <input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Scoliosis	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Anxiety Disorder	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Skin Problems	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Speech Difficulty	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Gastrointestinal Disorder	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Vision Problems	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Frequent Nosebleeds	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Other illness	<input type="checkbox"/> Yes / No <input type="checkbox"/>

Allergic reactions to medications, Please list:

Severe food or insect allergies, Please list:

Regularly taken medication(s) including "as needed" prescription medications, Please list:

Condition(s) for which you take these medicines:

Medical Condition(s). Please list: (include letter from M.D.)

Past Surgeries and / or hospitalizations. Please list year and condition:

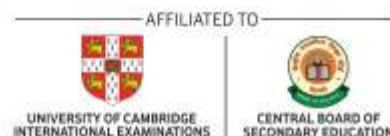
Psychological condition(s) requiring past or ongoing care. Please list and date:

Regularly taken medication(s) for psychological reasons (past or present). Please List and date:



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AN NGO OF DAYAL GROUP OF COMPANIES


ADDITIONAL ADULTS IN THE FAMILY WHO LIVE WITH THE APPLICANT :

NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	AGE	<input type="text"/>
NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	AGE	<input type="text"/>
NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	AGE	<input type="text"/>
NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	AGE	<input type="text"/>
NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	AGE	<input type="text"/>

SIBLINGS OF THE APPLICANT :

Name	Age	Gender	Relationship	School and Grade or Graduation Date

Guardian's Detail : (If Applicable)

First Name

Middle Name

Surname

Date of Birth Passport No.

Place of Birth: City State Country

Nationality: Marital Status: Married ☐ Unmarried ☐ Others ☐

Nature of Employment : Salaried ☐ Self-employed ☐ Business ☐ Retired ☐ Others ☐

Organization's Name Designation

Annual Income (Approximate)

Educational Qualifications : Non-Graduate ☐ Graduate ☐ Post Graduate ☐ Doctorate ☐ Others ☐

Institutional attendant for Post Graduation

Institutional attendant for Graduation

School attended

Business Address

Email: Cell Number

Country Code Area Code

Board Number Extn. No.

Correspondence Address

Country Code Area Code Fixed-Line number

Permanent Address

Email: Cell Number

Country Code Area Code

Fixed Line Number



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Kindly describe yourself in a minimum of 200 words

Strictly to be filled in by the applicant (for classes 3rd and above)

Mother's Details:[illegible][illegible][illegible]

Date of Birth DD MM YEAR Passport No.

Place of Birth: City State Country

Nationality: Marital Status: Married ☐ Unmarried ☐ Others ☐

Nature of Employment : Salaried ☐ Self-employed ☐ Business ☐ Retired ☐ Others ☐

Organization's Name										Designation						
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[illegible]

Educational Qualifications : Non-Graduate ☐ Graduate ☐ Post Graduate ☐ Doctorate ☐ Others ☐

[illegible][illegible][illegible][illegible]

Email: Cell Number:

Country Code								Area Code						
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Board Number		Extn. No.	
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PLEASE ENCLOSE THE FOLLOWING WITH THIS FORM:

- 1 Birth Certificate copy of the applicant ☐
- 2 School Transfer/Leaving Certificate of the applicant ☐
- 3 Self-Attested copy of Passport of the : Applicant Father Mother Guardian ☐
- 4 Self-Attested copy of Pan Card of the : Father Mother ☐
- 5 Self-Attested copy of the Voter ID Card of the: Father Mother Guardian ☐
- 6 Principal/Head Counselor/ Class Teachers recommendation Form ☐
- 7 Medical & Physical Examination Certificate of the applicant ☐

Please tick (✓) once enclosed

PARENT/S UNDERTAKING

I/We on oath declare that the facts and details by me/us while filling this form are true to the best of my/our knowledge. That the management of the school reserves the right to reject/refuse/cancel the admission of my/our child if the information provided by me is found to be incomplete or incorrect.

I/We understand that this registration does not obligate the school in any way or guarantee an admission and that the registration fee is not refundable.

I/We understand that this registration will be incomplete if the registration fee is not paid.

I/We have read all the rules and regulations and agree to abide by them and co-operate with the management of the school in the best interest of my/our child at all levels and in all situations as and when required.

Father's Signature

Mother's Signature

Name

Name

Date

Date



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OFFICE COPY

Student's Name Class & Section Date of Birth Boarder ☐ Day Boarder ☐ Gender: Male ☐ Female ☐Emergency Contact No.

Student's Photo

Affix Recent Passport Size
Color Photograph

Attendant - 1

Name Relation with Student Emergency Contact No. Correspondence Address

Authorised Attendant - 1

Affix Recent Passport Size
Color Photograph

Attendant - 2 Name Relation with Student Emergency Contact No. Correspondence Address

Authorised Attendant - 2

Affix Recent Passport Size
Color Photograph



LUCKNOW

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**GATE COPY**Student's Name Class & Section Date of Birth Boarder ☐ Day Boarder ☐ Gender: Male ☐ Female ☐Emergency Contact No.

Student's Photo

Affix Recent Passport Size
Color Photograph

Attendant - 1

Name Relation with Student Emergency Contact No.

Authorised Attendant - 1

Affix Recent Passport Size
Color Photograph

Attendant - 2

Name Relation with Student Emergency Contact No.

Authorised Attendant - 2

Affix Recent Passport Size
Color Photograph

CLASS	QUARTERLY	YEARLY
DAY SCHOLAR		
Nursery to 2 nd Standard	22,500/-	90,000/-
DAY BOARDER		
Nursery to 2 nd Standard	28,500/-	1,14,000/-
3 rd to 5 th Standard	33,000/-	1,32,000/-
6 th to 8 th Standard	36,000/-	1,44,000/-
9 th & 10 th Standard	37,500/-	1,50,000/-
BOARDER		
Nursery to 2 nd Standard	NO BOARDER	NO BOARDER
3 rd to 5 th Standard	64,500/-	2,58,000/-
6 th to 8 th Standard	67,500/-	2,70,000/-
9 th & 10 th Standard	69,000/-	2,76,000/-

FORM / REGISTRATION FEE (ONE TIME) : RS. 1,000/-
ADMISSION FEE (ONE TIME) : RS. 15,000/-

SECURITY FEE

Class	Day Scholar Day Border (One Time Refundable)	Boarder (One Time Refundable)
Nursery to 2 nd Standard	10,000/-	20,000/-
3 rd to 5 th Standard	10,000/-	20,000/-
6 th to 10 th Standard	10,000/-	20,000/-

POCKET MONEY

Class	Boarder (Annually)
3 rd to 5 th Standard	30,000/-
6 th to 10 th Standard	30,000/-

Important notice:

- Books, stationary, uniforms, excursions, emergency health care and other special event expenses are not included in the above fees.
- Prospectus fee, school - kit fee and registration fee etc are non-refundable, once they are deposited. The first term fees shall be applicable and acceptable to parents, from the first day of the admission.
- In the event of non-submission of documents within a stipulated time from the date of submission of the form, admission can be cancelled if the school management deems fit.
- Deposition of the fees / charged on due date is mandatory and in case of delay late fee shall be levied.

Bank Details :

The School fees shall be entertained through Cheque/Pay order in favour of or can be directly paid to Bank A/c through RTGS/NEFT.

The account details are as follows:

Beneficiary Name : Kunwars Educational Foundation
Bank Name : Oriental Bank of Commerce
Branch : Matiyari chauraha, Chinhat, Lucknow
Account No. : 13981131002559
Branch/NEFT/IFC Code : ORBC0101398
Account Type : Current Account

Note: Please send the transaction number, the name of the student and class to the Manager- Accounts (accounts@kunwarsglobalschool.com).

In case the money is transferred without the transaction number and the name of the student, it will not be credited into the student's account.

The School fees is paid in four installments i.e. before 15 March, 15 June, 15 September and 15 December respectively.

The late fees charges shall be admissible as per the school rules.

CLASS	QUARTERLY	YEARLY
DAY SCHOLAR		
Nursery to 2 nd Standard	22,500/-	90,000/-
DAY BOARDER		
Nursery to 2 nd Standard	28,500/-	1,14,000/-
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Student's Name _____

Class & Section _____ Blood Group _____

Date of Birth Boarder ☐ Day Boarder ☐

[illegible]

Mother's Name

Correspondence Address

H	O	U	S	E	N	O				S	T	R	E	E	T			
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STATE					COUNTRY		PIN	
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Permanent Address HOUSE NO STREET

											T	O	V	N			
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S	T	A	T	E					C	O	U	N	T	R	Y			P	I	N	
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Email: _____ Cell Number

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[illegible]

Fixed-Line Number

Mother's Signature

Father's Signature

Principal's Signature

Please place check marks at the point that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgement, do not hesitate to say so.

	Outstanding	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgement
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/ Determination						
Ability to work independently						
Creativity						
Concern for others						
Honesty/Integrity						
Self-esteem						
Responsibility						
Respect Accorded by faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

Kindly provide any additional information that would help paint a well rounded picture of the student

Please submit the following with this recommendation:

- ☐ Recent Teacher Reports, if any
 ☐ Final or mid-semester grades for current term (must be included)
- ☐ Standardized test scores
 ☐ Grade since 6th grade, if available (for younger children, grades for all years)
- ☐ A School profile, if available

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application.

Name

School's Name

Mailing Address

Email: Contact No.

Signature Date

Name of the Student _____

How do you judge the academic level of the student ?

Outstanding ☐

Excellent ☐

Very Good ☐

Good ☐

Average ☐

How do you judge the student as a person?

Describe the student in three words that define him/her the best.

1.

2.

3.

If the student's attendance record is not listed on the transcript, please indicate the number of days he/she has been absent/tardy through the year/s at your school.

If the school is not, or has not been, in good academic standing, please elaborate:

Has the student ever been dismissed/suspended/placed on probation, or received other serious disciplinary sanction?

YES ☐

NO ☐

Has the student ever withdrawn from school voluntarily, for an extended period of time for reasons other than health?

YES ☐

NO ☐

If the answer to either / both the question is yes, please elaborate:

Please comment on this student's character, citizenship and contributions to your community.



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We request that our child be permitted to use and avail the transport facility provided by school

with effect from DD MM YEAR

Please tick (✓) any one option: ☐ Pick up only ☐ Drop off only ☐ Pick up and Drop off

Name of the Student

Class & Section

Correspondence Address: HOUSE NO STREET TOWN STATE COUNTRY PIN

Affix Recent Passport Size
Color Photograph

CONTACT DETAILS

Contact Person	Mobile Number	Office Number	Home Number
Mother			
Father			
Guardian			

a) Approximate distance between school and home (in kms)

b) Pick up point of the student

c) Drop off point of the student

d) Person in charge of collecting the ward from the pick up/ Drop off point

REGULATORY:

- While it is not feasible to pick up and drop students from their doorsteps, we do try and accommodate the nearest bus stop for everyone keeping in mind the timings and the bus route.
- Parents are requested to ensure that their ward is punctual, arriving at the pick up point 10 minutes prior to the arrival of the school bus.
- Students up to class 3 will be handed over only to the parents and/or guardian/authorized person, having an attendant card issued by the school.
- In the absence of the authorized person, the child will be brought back to the school premises and will have to be collected by the parents/authorized personnel only.
- The School should be informed about any change of address and contact number, immediately to avoid inconvenience.
- Bus facility will be immediately withdrawn from the student if he/ she is found in violation of any rule and/or failure to maintain appropriate decorum while traveling in the school bus. The bus facility would also be terminated if dues are not cleared on time.
- The school transport service is an obligation and not a compulsion. The school management reserves the right to discontinue the same at will.
- The school can change pick up/drop off location at any time (with prior notification) as per bus routing requirements to serve the interests of the majority.

DECLARATION:

- While I/We expect the school authorities to exercise reasonable precautions to avoid any injury / accidents, I/We do understand that the school bus has no financial obligations towards the injury/accident that may occur while the child is travelling in a school transport.
- I/We understand that in the event of a medical emergency, every effort will be made to notify parents/guardian as soon as possible.
- I/We have read all the rules and provide consent to all the rules, term and condition regarding school transportation.

Mother's Name Signature Date

Father's Name Signature Date