

Admission Form



Date of Birth	Sex:
Parent Details	
Father's Name	-
Name of the Orga	nization
Telephone Numbe	rs (R) (O)
	Email ID
Mother's Name _	
Name of the Orga	nization
Telephone Numbe	rs (R) (O)
Mobile No	Email ID
Transport Required	Yes No
All the information given here	ing my/our child under the care of the staff of Kinder Valley International School. is correct and I/We have not withheld any important information. I/We will not hold the staff/International School or New Line Educational Society responsible for any unavoidable mishaps
	Place: Gurgaon Date :
502150	Signature(s) of Parents
Congression	
(A) (F) 31	www.kindervalley.in
WERNATIONAL SCHOOL	WWW.Kiridervalicy.iii