



Indian Central School. Kuwait

P.O Box : 54117, Jleeb Al-Shuyoukh- 85600, Kuwait

Tel: 22271230/ 22271231

Website: www.iskwt.com E-mail: indiancentralschoolkwt@gmail.com

Student's
Latest
Photograph

ADMISSION FORM 20.....-20.....

Student's Name in Full

(In Block Letters as in the Passport)

First Name

Middle Name

Surname

Date of Birth

(as in the Passport)

Day

Month

Year

Place of Birth

Village

Town

Country

Female Male

Nationality – Father's

Mother's

Student's

Father's Name in Full

(In Block Letters as in the Passport)

First Name

Middle Name

Surname

Mother's Name in Full

(In Block Letters as in the Passport)

First Name

Middle Name

Surname

Previous School Attended

Medium of Instruction

Religion

Mother tongue (Language spoken at home)

Father

Mother

Profession / Designation

Qualification

Company's Name

Office Phone No

E-mail ID

Profession / Designation

Qualification

Company's Name

Office Phone No

E-mail ID

Postal Address P.O Box No Code No City State

Residential Address Flat No Floor No Building No Street NO

Block No Area

Phone No (Res) Mobile No

Family Income per month (in KD) Father's Mother's

Specify Child's illness (if any)

Does the child have any brothers/ sister at present in the school? Name them

1. Name Class Div Reg No

2. Name Class Div Reg No

3. Name Class Div Reg No

4. Name Class Div Reg No

5. Name Class Div Reg No

6. Name Class Div Reg No

Student's Passport Details

(Passport to be brought for verification)

Passport No _____ Date of Issue _____

Place of Issue _____ Date of Expiry _____

Residence Permit No _____ Date of Res. Permit Issue _____

Date of Res. Permit Expiry _____ Child Entered Kuwait on (Date) _____

Civil ID No of Student _____

Father's Passport Details

(Passport to be brought for verification)

Passport No _____ Date of Issue _____

Place of Issue _____ Date of Expiry _____

Residence Permit No _____ Date of Res. Permit Issue _____

Date of Res. Permit Expiry _____ Civil ID No _____

Father's Passport Details

(Passport to be brought for verification)

Passport No _____ Date of Issue _____

Place of Issue _____ Date of Expiry _____

Residence Permit No _____ Date of Res. Permit Issue _____

Date of Res. Permit Expiry _____ Civil ID No _____

I, the Father/ Mother of the student, state solemnly that all the facts and information given above are true.

Date: _____

Signature: _____

Do you want to use School Bus? Yes / No. If yes, Area _____

Bus Stop _____ **Bus No Issued** _____

For School Authorities' Use

Checked By _____ Student Registered in Class _____ Division _____

Signature of the Principal _____

Date _____

Tuition Fee Registration Fee Bus Fee

Bus No Receipt No Date of Admission

Registration No

Signature of the Cashier: _____