नास्ति विद्या समं चक्षुः

ESTD - 2002 | Affiliation No - 330522 / School No - 65515 | Under the Aegis of Kousaliya Sewa Sadan Supaul

KOSHI PUBLIC SCHOOL

Vishal Nagar, Tharbitia, Shivpuri (Maladh), Kishanpur, Supaul, Bihar

Help Line 7782978601 9576975775 | 7782978601 | www.koshipublicschool.com contact@koshipublicschool.com

STUDENT RECORD CORRECTION & CONTACT INFORMATION UPDATE FORM

Date: ____ / ____ / _____

1. Student Information

Student Name: _____

Admission Number: _____

Class & Section: _____

2. Purpose of Application

Please tick (✓) the applicable option(s):

☐ Student Record Correction

☐ Student Name Correction

☐ Date of Birth Correction

☐ Father's Name Correction

☐ Mother's Name Correction

☐ Residential Address Correction

☐ Other Correction (Specify): _____

Contact Information Update

☐ Father's Mobile Number Update

☐ Mother's Mobile Number Update

☐ Primary WhatsApp Number Update

☐ SMS Number for School Communication Update

☐ Primary Email Address Update

3. Details to be Corrected / Updated

Particular	*Existing Details (As Per School Record)*	*Correct / Updated Details*
Student Name		
Date of Birth		
Father's Name		
Mother's Name		
Residential Address		

Particular	*Existing Details (As Per School Record)*	*Correct / Updated Details*
Father's Mobile Number		
Mother's Mobile Number		
Primary WhatsApp Number		
SMS Number for School		
Communication		
Primary Email Address		
Other (Specify)		

4. Reason for Correction / Update

_____

_____

5. Declaration

I hereby request Koshi Public School to update and/or correct the above-mentione information in the school records. I declare that all information provided in this application is true and correct to the best of my knowledge. I understand that supporting documents may be required for verification and that the school reserves the right to verify any information before making changes to the records. I further understand that the updated contact information will be used by the school for official communication, including notices, attendance alerts, examination updates, fee reminders, emergency notifications, academic information, and other school-related correspondence

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____

Date: ____ / ____ / _____

FOR OFFICE USE ONLY

Application Received On: ____ / ____ / _____

Documents Verified: ☐ Yes No

Correction / Update Approved: ☐ Yes ☐ No

Updated By: _____

Date of Update: ____ / ____ / _____

Authorized Signatory: _____

Remarks: