

Form No.

S.R. No.....

LAKSHMIPAT SINGHANIA SCHOOL

(CBSE Affiliation No. 1730050)
JAYKAYPURAM-307019, Distt. SIROHI (Raj.)
Mobile : 84260-71666

FOR OFFICE USE	
Admission in class.....	granted/not granted.
House Allotted :	
PRINCIPAL	

Passport size photo of the student (coloured)
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APPLICATION FORM

Class for which Admission is Sought).....

Date of Application)

1. Name of the student (in capital letters) M/F

2. Date of Birth (in figures).....(in words).....

3. Student's Aadhar Card No.

4. Father's / Guardian's name (in capital letters)

Mother's name (in capital letters)

Occupation : Father/Guardian

Mother

Educational background of the parents :

Father..... Mother.....

5. Residential Address

..... Telephone No. (Office)..... (Resi.).....

Mob. Email

6. Religion State whether belonging to SC/ST/OBC/General.....

(Certificate issued from SDO (Civil) to be attached).

REGISTRATION SLIP

Form No.

Name of the Student Father's Name

Registered for Class Details of the Registration Fee

Date of Admission Test

Time

Office Superintendent

6. Name of the previous school attended _____

Medium of instruction _____

Result of the previous exam: PASSED/FAILED in the class _____

Marks in Maths _____ English _____ Overall percentage _____

(School Leaving Certificate in Original and Marks Sheet (Photocopy) to be attached)

(Birth certificate to be attached in case of admission in class LKG)

7. Have you ever been awarded any Certificate/Prize for proficiency in academics _____

(photocopy to be attached)

8. Have you ever been suspended, rusticated from your previous school? Yes/No

9. Details of participation in Sports/Cultural and Literary activities :

(i) National Level

(ii) State Level

(iii) District Level

10. Details of siblings already studying in LPS (1) _____ (2) _____

► I declare that the information given in this form regarding the student and parents is true to the best of my knowledge

► I promise to follow the rules and regulations of the school applicable to my son / daughter and to me.

Place _____

Signature of the Student _____

Date _____

Signature of the Parent/Guardian _____

FOR OFFICE USE ONLY

All the entries have been checked and found correct. School Leaving Certificate/Birth Certificate in original and the photocopies of other certificates have been submitted by the parent.

Date _____

OFFICE SUPERINTENDENT

ADMISSION SUMMARY

S.R. No. _____

Name of the student _____ Date of Birth _____

Father's/Guardian's Name _____ Mother's Name _____

Address _____

Phone No. _____ Mobile _____

Intercom No. (for factory employees) : (O) _____ (R) _____

Admission in class _____ granted House Allotted _____

PRINCIPAL