



## PARENTS' INFORMATION

FATHER'S  
PHOTOGRAPH

MOTHER'S  
PHOTOGRAPH

16. Father's Name : \_\_\_\_\_
17. Father's Profession/Business: \_\_\_\_\_
18. Mother's Name : \_\_\_\_\_
19. Mother's Profession/Business: \_\_\_\_\_
20. Designation (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_
21. Working at present /job since (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_
22. Annual Income: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_
23. Complete Office Address (Father) \_\_\_\_\_
24. Telephone (Office) \_\_\_\_\_ Mobile \_\_\_\_\_
25. Complete Office Address (Mother) \_\_\_\_\_
26. Telephone (Office) \_\_\_\_\_ Mobile \_\_\_\_\_
27. Are you a Single Parent? Yes  No
28. Parents with Sports background (National/ State Level only):  
Father : Yes  No  Mother :  Yes  No
29. **CERTIFICATE REQUIRED (ATTESTED)** (at the time of registration)  
(Without which the application of admission will not be accepted)
- ◆ Birth Certificate
  - ◆ Proof of Residence
  - ◆ SDM's Certificate (EWS)
  - ◆ Medical Certificate (If prone to any problem)
  - ◆ Transfer Certificate (From Class-II onwards)
  - ◆ Any document proof to show service/business.  
(for Scheduled Castes/Scheduled Tribes/Other Backward Community and Income Certificate)
- KINDLY NOTE:** Staple all documents to the top left hand corner of the application. All documents are compulsory.
30. **Any reference from school management member** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Name of the member** \_\_\_\_\_ **Designation** \_\_\_\_\_  
(Attach copy of recommendation letter)
31. **Is Parent a School Alumni** Yes  No   
**Name of the Parent** \_\_\_\_\_  
**Studied in the School from: Year** \_\_\_\_\_ **to** \_\_\_\_\_ **year.**  
(Attach the copy of evidence)
32. **Ward of Staff Member Alumni** Yes  No   
Please register my ward for admission in your school. I shall produce the required original document at the time of admission.
33. **Transfer Case/Shifting of house** Yes  No   
**If yes, attach appropriate proof** \_\_\_\_\_

**34. Parents Occupation**

**SERVICE**

Government Sector  Semi-Government Sector  Private Sector

Name of the organization & Address \_\_\_\_\_

**SELF EMPLOYED**

Shop  Distributor  Manufacturer  Proprietor  Partner

Name of the organization & Address \_\_\_\_\_

**35. Is Sibling in the same school?** Yes  No

a) Name \_\_\_\_\_ Class & sec. \_\_\_\_\_ Admission No. \_\_\_\_\_

b) Name \_\_\_\_\_ Class & sec. \_\_\_\_\_ Admission No. \_\_\_\_\_

**36. Information of sibling/s studying in L.P.S (not cousins):**

Name of the Sibling/s	Age	Class	Adm. No.	Academic Result of last year	Fee paid

- 1. Kindly attach Minority Certificate **(if applicable)**
- 2. Academic result and fee verified for the sibling from fee counter of the school

**37. Is your ward to be admitted, the first child? (If yes, affidavit for the same)**

Yes  No

**UNDERTAKING**

I, hereby declare that I am the bonafied Parent/ Guardian of the student and the information given above is correct to the best of my knowledge. I will abide by the school rules and procedures in all respects. Admission of my child can be cancelled if any information is found to be false.

Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_ Guardian's Signature: \_\_\_\_\_

**ACKNOWLEDGEMENT**

Received the registration form and other supporting documents from \_\_\_\_\_

In respect of Master/Miss \_\_\_\_\_

For registration to class \_\_\_\_\_ of the school for the academic session \_\_\_\_\_

Received on \_\_\_\_\_ Time \_\_\_\_\_

- 1. Kindly attach Minority Certificate **(if applicable)**
- 2. Academic result and fee verified for the sibling from fee counter of the school

\_\_\_\_\_  
**(Signature)**

**FOR OFFICE USE ONLY**

Fees paid for the period \_\_\_\_\_ Amount (Rs) \_\_\_\_\_ on \_\_\_\_\_

Fees received by \_\_\_\_\_

**Documents Received**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. Birth Certificate  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Proof of Residence   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Medical Certificate (If Prone to any problem)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Transfer Certificate   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Any document proof to show service/business.   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Evidence for Alumni  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. SDM'S Certificate<br>(For Scheduled Caste/Scheduled Tribe<br>and Other Backward Community) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Document checked by:** \_\_\_\_\_

**Office Incharge:** \_\_\_\_\_

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**NOTE:**

1. Filling this form does not establish any claim for admission of the child.
2. Kindly produce this registration slip at the time of admission.
3. Please attach all supporting documents with your form.
4. Please fill the questionnaire to know you better.
5. Form will be considered incomplete, if required documents are not attached.