



ADMISSION FORM

Form No. :

For Office use only :

Admission Date : _____ / _____ / _____

Admission No. : _____

Registration No. : _____

*Affix passport
size photograph
here.*

Admission required for Class: _____

(Note : Please use Capital letters only)

I _____ Father/ Mother / Guardian of _____

wish to admit our son / daughter / ward whose particulars are given below as a day scholar at

Lady LRD Public School

A. INFORMATION OF THE CHILD

First Name: _____ Middle Name: _____ Last Name: _____

Gender: M / F Date of Birth:
D D M M Y Y Y Y

Date of Birth in words: _____

Blood Group: _____ Religion: _____ Caste: _____ Nationality: _____

Aadhaar No.: _____

Community: SC/ST OBC GEN OTHERS

Languages known: _____

Residential Address: _____

Correspondence Address: _____

Father's Mobile No.: _____ Mother's Mobile No.: _____

E-mail ID: _____ E-mail ID: _____

Distance from school (in Kms): _____ Preferred Phone Number for School SMS: _____

B. FAMILY INFORMATION

i. Father / Guardian :

Name: _____ Age: _____

Nationality: _____

Educational Qualification: _____

Occupation: _____

Office Address: _____

Designation: _____ Tel.: _____

Aadhaar No.: _____

*Affix passport
size photograph
here.*

ii. Mother / Guardian :

Name: _____ Age: _____

Nationality: _____

Educational Qualification: _____

Occupation: _____

Office Address: _____

Designation : _____ Tel.: _____

Aadhaar No.: _____

*Affix passport
size photograph
here.*

iii. Details of Brothers / Sisters of the student :

Name: _____ Age: _____ Standard: _____

Name of Institution: _____

In case of staff ward

Name of parent: _____

Designation: _____

C. DETAILS OF PREVIOUS STUDY

1. Year: _____ School: _____ Standard: _____

2. Year: _____ School: _____ Standard: _____

The previous school was affiliated to PSEB CBSE ICSE Other

Awards won so far in Academics, Sports or Art / Music :

1. _____ 2. _____

3. _____ 4. _____

D. MEDICAL HISTORY OF THE CHILD

i. Hearing

Any difficulty observed: Yes No

Any consultation with Doctor done: Yes No

If yes, explain _____

ii. Vision

Any difficulty observed: Yes No

Any Consultation with Doctor done: Yes No

Use of Spectacles / Corrective: Yes No

Any medication taken or any medical conditions, such as attention deffict/thyroid (hypo/hyper) / any other condition: _____

Any medication taken for general well being: _____

Any Allergy / any medical information that school should be aware of: _____

MEDICAL CONSENT

In case of emergency, the school has my consent to authorize medical care for my child listed below :

Name: _____ Class: _____

Our family Physician is: _____ Telephone No.: _____

Parents name: _____ Relationship: _____

Mobile No. _____

Signature

(Parent/Guardian)

Date:

E. ENCLOSURES

1. Birth Certificate (issued by competent authority)
2. Transfer Certificate original copy (if applicable)
3. Vaccination Card copy
4. Blood Group Report
5. Passport size photos of child (5 copies)
6. Passport size photos of parents (2 each)
7. Aadhaar card copy of parents
8. Aadhaar card copy of child
9. Proof of residential address
10. Copies of progress report cards for the last 2 years (if applicable)
11. Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Community
12. Transportation Form (if required)

The above documents (recently attested photocopies) must be produced along with the filled application form.

Please Note : Staple all documents at the top left-hand corner of the application.

DECLARATION

I _____ have the authority to admit my child/ward _____ in to the school as the parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in the application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and fee structure of the school.

Date:

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Admission Co-ordinator

Head of the Institution

Date: _____

Date: _____