

# **LOVELY PUBLIC SCHOOL**

## **East Delhi**

### **REGISTRATION FORM**

PLEASE USE CAPITAL LETTERS ONLY WHEREEVER BOXES ARE PROVIDED, MARK YOUR CHOICES WITH TICK ☐  
Incomplete form will not be accepted.

Class \_\_\_\_\_

#### **PERSONAL DATA OF STUDENT**

☐

Boy

☐

Girl

Reg. No. ....

Date of submission.....

Time of Submission.....

Authorised Signatory

Full Name of the student

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(As it should appear in official school certificates)

Date of Birth

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(As per the Birth Certificate issued by M.C.D)

Recent  
Passport-size  
Photograph of  
the  
Student to be  
Pasted here

In words.....

Age as on 31<sup>st</sup> March 20..... Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Nationality ..... Category SC/ST/OBC Mother Tongue .....

Previous School ..... Last Academic Result.....

Residential / Correspondence Address.....

Telephone No. .... Mobile No. .... Adhaar No. ....

Permanent Address.....

Approximate distance of residence from the school ☐ 0-2 Km ☐ 2-5 Km ☐ more than 5 Km

#### **SIBLINGS INFORMATION (not cousins)**

Names of Brothers/Sisters	Age	Class	Name of the School	If in LPS, Admission No.

#### **HEALTH**

(a) Is your child physically or mentally challenged?  
If yes, please attach supporting documents.

Yes

☐

No

☐

(b) Does your child have any special medical needs?  
If yes, please give details with medical documents/proof.

Yes

☐

No

☐

#### **ACKNOWLEDGEMENT**

Registration No. ....

Received the registration form and other supporting document from .....

In respect of Master / Miss ..... for registration to class..... of the

School for the academic session..... received on ..... Time .....

## PARENTS INFORMATION

Please affix  
Recent  
Photograph of  
Father

**FATHER**

Please affix  
Recent  
Photograph of  
Mother

**MOTHER**

Name .....

Qualification .....

Occupation (Service/Business) .....

If Business (Nature of Business) .....

If Service, Name of the Office.....

(with complete Address) .....

Tel. No. (Office) .....

Annual Income .....

Are you a single Parent ☐ Yes ☐ No

Parents with sports background ☐ Yes ☐ No ☐ Father ☐ Mother

(National / State Level Only)

### SPECIAL GROUNDS

(a) Children of transferable employees ☐ Yes ☐ No

(b) Children of State / National Awardees ☐ Yes ☐ No

ALUMINI ☐ Parents ☐ Guardian Name of the Branch .....

\*Does the family have their own house or on rent?.....

\*How does the family commute- By cycle, Scooter, car etc.....

\*What facilities do you have in your house- T.V, Cooler, A.C, Refrigerator, Computer, Internet etc.?

SCHOOL TRANSPORT Is the school transport required ☐ Yes ☐ No

### CERTIFICATE REQUIRED at the time of registration (ATTESTED)

(Without which the application of admission will not be accepted)

1. Birth Certificate
2. Medical Fitness Certificate
3. Child's Adhaar Card
4. Proof of Residence
5. SDM's Certificate (for Scheduled Castes Scheduled Tribes / other Backward Community and Income Certificate)
6. Transfer Certificate for classes I onwards)

PLEASE NOTE: Staple all documents to the top left hand corner of the application. All documents are compulsory.

### UNDERTAKING

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

.....  
Date

.....  
Father's Signature

.....  
Mother's Signature

.....  
Guardian's Signature

### NOTE :

1. Filling of this form does not establish any claim for admission of the child.
2. Kindly produce this registration slip at the time of registration.

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## **East Delhi**

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Incomplete form will not be accepted.

☐ Pre-School (NUR) ☐ Pre-Primary (K.G) ☐ Class

PERSONAL DATA OF STUDENT

☐ Boy ☐ Girl

Reg. No. ....

Date of submission.....

Time of Submission.....

Authorised Signatory

Full Name of the student

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No

☐

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(d) Does your child have any special medical needs?

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No

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FATHER

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Photograph of  
Mother

MOTHER

Name .....

Qualification .....

Occupation (Service/Business) .....

If Business (Nature of Business) .....

If Service, Name of the Office.....

(with complete Address)

Tel. No. (Office) .....

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