

# LAKSHAY CONVENT SCHOOL, MANJYAT (ARKI)

Tehsil Arki, Distt. Solan (H. P.)

0033

## Registration Form

Photo

Class to which admission is sought.....

1 Name of student: \_\_\_\_\_

2 Date of Birth: \_\_\_\_\_

3 Blood Group: \_\_\_\_\_

4 Family Information: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Mother name: \_\_\_\_\_ Occupation \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

5 Nationality: \_\_\_\_\_

6 Present Address of Father/Guardian: \_\_\_\_\_

7 Last School Attended: \_\_\_\_\_ Medium of Instruction \_\_\_\_\_

8 Last Class Passed \_\_\_\_\_ Year: \_\_\_\_\_

(Attach SLC) \_\_\_\_\_ Roll No: \_\_\_\_\_

9 Class to which admission is sought: \_\_\_\_\_

10 Place of residence \_\_\_\_\_ As Day Scholar /Boarder.

11 Whether transport facility is required \_\_\_\_\_

12 Aadhar Card No. \_\_\_\_\_

### Certificate from Parent/Guardian

\* I hereby certify that all facts given above are correct.

\* I have read the form and I agree to abide by the rules and regulations of the school.

\* I have no objection my child / ward participating in the various activities organized in and out of the school

\* The school will not be held responsible for any damage or change, on account of injuries, fatal

or otherwise, which may be sustained by my child/ward while taking part in games, sports

or other indoor or outdoor activities at any time during his/her stay in the school. All expenses

that may be incurred in the treatment of such injuries will be borne by me.

\* I authorize LCS to arrange for medical attention, treatment or emergency surgery, if needed

to the best judgment of the Principal.

Date \_\_\_\_\_

Signature of Parent/Guardian

### For Use By The School

Admitted to class \_\_\_\_\_

Receipt NO: \_\_\_\_\_ Dated: \_\_\_\_\_