



ADMISSION FORM

I am

Boy



Girl



Class for which admission is sought

Affix
passport size
photograph

PERSONAL DATA

Name of Student

Mother's Name

Father's Name

Date of Birth Age Category Specify (SC/ST/OBC/MBC)

Address

City State & Country

EDUCATIONAL DATA

Last School Attended

Date of Entry in to the school Admission sought in

Is Transfer / school leaving certificate from the last school attached or

GENERAL DATA

Occupation of Father Monthly Income Nationality

Occupation of Mother Monthly Income Nationality

Postal Address

City State & Country

Permanent Address

City State & Country

E-mail

Religion Mother Language

CONTACT DETAILS

Father Contact No. (Land Line) (Mobile)

Mother Contact No. (Land Line) (Mobile)

Guardian Name

Guardian Contact No. (L)

Guardian Address

City State & Country

Sibling Details

Name	Class	Admission No	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous School Record

S.No.	Name of the School	Class to. From To	From To (Year)	% of marks in Previous	Date of Leaving	Total	Average
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Whether the student has produced the school leaving certificate from the last school attended

Sports, Games and activities involved in Music / Dance

Recent accomplishments

MEDICAL INFORMATION

Blood Group Immunization Status (Attach photocopy of Immunization Card), OCG

OPV OPT Booster of OPV Booster of OPT Measles

MMR Typhoid Hepatitis -B Any other

Allergies if any to medicine and Food

Any Major illness or disorders, If Any

Signature of Father / Guardian

DATE

Signature of the Family Doctor(with Seal)

DR.MOBILE

I hereby request the principal to reserve a place in the school for my son / daughter / ward for the session beginning June or if there is no immediate vacancy, to register his/her name on the waiting list. I declare that I have carefully read the prospectus and will abide by the rules laid down therein and accept that they can be changed from time to time at the discretion of the school management. I clearly understand that it is the fundamental policy of the school to treat all the children alike. I shall, therefore neither ask for nor except any privilege or concession for my son/ daughter / ward.

DATE

Signature of Parent / Guardian

Please Stick your business card

Father Business Card

Mother Business Card

Please Stick your passport size photo

Affix
passport size
photograph
Student

Affix
passport size
photograph
Father

Affix
passport size
photograph
Mother

DECLARATION

Mr. / Mrs.

have read and understood the

admission procedure procedure of LDR INTERNATIONAL SCHOOL.

- I declare that the information given by me in the application is true to the best of my knowledge.
- I have carefully noted the rules and regulations given in the prospectus received by me and I will follow the same.

Signature of Father / Guardian

DATE

Signature of the Student

PLACE

DOCUMENTS TO BE ALONG WITH APPLICATION

Two passport photographs of student, Father, and mother - last school's T.C. or L.C., Marks Card, Copy Cast Certificate (If required) - Other relevant Documents

FOR OFFICE USE ONLY

Admitted to Class

TC / LC yes no Caste Certificate

DATE

Signature of Principal(Admin)