LA FOUNDATION SCHOOL

VILL. THALESAN, DIST'T. SANGRUR (148001) PB.

Affiliated to CBSE, Delhi (Affiliation No. 1630493); School code: 20484

PHONE: (91) 98-88-55-00-44; (91) 1672 250044

EMAIL: info@lf.school; WEBSITE: www.lf.school

Affix Passport size Photograph of the student

Date……..

(Session 20___-___)

REGISTRATION FORM for Class _____ Last Date of submission _____

1. *Name of the Child (In Capital Letters) .....*
2. *Boy or Girl ..... Blood Group……*
3. *Date of Birth (in figure) Day..... Month..... Year.....*
4. *Residential Address .....*
5. *Aadhaar No. ……*
6. *Whether belongs to SC/ ST/ OBC/ General .....*
7. *Please circle the appropriate. Are you: SIKH MUSLIM CHRISTIAN JAIN BUDDHIST PARSI OTHERS*
8. *Name of the School studying presently.....*

PARTICULARS OF PARENTS/ GUARDIAN

	Father	***Mother***
a)	*Name .....*	*a) .....*
b)	*Qualification. .....*	*b) .....*
c)	*Occupation .....*	*c) .....*
d)	*Office Address .....*	*d) .....*
e)	*Phone No.(s).....*	*e) .....*
f)	*Monthly income .....*	*f) .....*

DETAILS OF ANY SIBLINGS STUDYING IN THIS SCHOOL

Name	*Gender*	*Name of the School*	*Class*

DECLARATION

PLEASE READ: *I understand that I personally want to get my ward assessed for getting admission in the above specified class so that I become assured that my child can study in the class, before deciding and making any payment to get him/ her admitted, so that I do not incur any financial loss and my child does not get over burden due to syllabus.*

मैं समझता/ समझती हूं कि मैं व्यक्तिगत रूप से उपरोक्त निर्दिष्ट कक्षा में प्रवेश पाने के लिए अपने बच्चे का मूल्यांकन करवाना चाहता हूं ताकि मैं आश्वस्त हो जाऊं कि मेरा बच्चा ला फाउंडेशन में प्रवेश पाने के लिए कोई भी भुगतान करने से पहले कक्षा में अध्ययन करने में सक्षम है। ताकि मुझे कोई आर्थिक नुकसान न हो और मेरे बच्चे पर सिलेबस का बोझ न पड़े।

Signature of Parent/Guardian