



# LA FOUNDATION SCHOOL

VILL. THALESAN, DISTT. SANGRUR (148001) PB.

Affiliated to CBSE, Delhi (Affiliation No. 1630493); School code: 25257

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

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

*Affix  
Passport  
size  
Photograph  
of  
the  
student*

Date..... Receipt No.....

*(Session 2018-19)*

## REGISTRATION FORM for Class \_\_\_\_\_

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 PARSII 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 the admission of my ward shall be solely dependent on the availability of the seat and further on merit basis as per the performance of my ward in the conducted entrance test (if applicable)

Signature of Parent/Guardian