



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 2017-18)

REGISTRATION FORM for Class _____

- Name of the Child (In Capital Letters)
- Boy or Girl
- Date of Birth (in figure) Day..... Month..... Year.....
- Residential Address
- Aadhaar No.
- Whether belongs to SC/ ST/ OBC/ General
- Please circle the appropriate. Are you: SIKH MUSLIM CHRISTIAN JAIN BUDDHIST PARSI OTHERS
- 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