

Student Admission Form

LITTLE STAR ENGLISH SECONDARY SCHOOL LAIPHEWDIENGGAN



Form No. _____

Date: _____

Admission No. _____

Attach a recent
passport size color
photograph

To be completed by Parent / Guardian.
Please use CAPITAL LETTERS to complete the form



Candidate's Personal Details:

Student's Name: _____

Date of Birth: DD / MM / YYYY **Gender:** Male Female *(Please tick Appropriate)*

Place of Birth: _____ **Nationality:** _____ **Mother Tongue:** _____ **Caste:** _____

Admission sought for Class: _____ **Academic Year:** _____ **Adhaar No.** _____



Residential Address & Family information:

Address: _____

City: _____ State: _____ Country: _____ PIN Code: _____



Father:

Full Name: _____

E-mail: _____ **Educational Qualification:** _____

Profession: _____ **Designation:** _____ **Phone:** _____ / _____



Mother:

Full Name: _____

E-mail: _____ **Educational Qualification:** _____

Profession: _____ **Designation:** _____ **Phone:** _____ / _____



Guardian: *(If Applicable)*

Full Name: _____ **E-mail:** _____

Relation with student: _____ **Phone:** _____ / _____



In case of Emergency Call Order of Priority with 1st,2nd,3rd?

1st Relation: _____ **2nd Relation:** _____ **3rd Relation:** _____
Number: _____ **Number:** _____ **Number:** _____



Sibling Information:

Sibling 1

Full Name: _____
Date of Birth: DD / MM / YYYY **Gender:** Male Female *(Please tick Appropriate)*
School Name: _____ **Class:** _____



Reference Details:

Reference Through: _____
Address with Tel No.: _____



Declaration:

I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

Date: _____

Signature: _____
(Parent / Guardian)



For School office use only

Checklist:

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Adhaar Card | <input type="checkbox"/> School Report | <input type="checkbox"/> Transfer Certificate |
| <input type="checkbox"/> Passport size Photos | <input type="checkbox"/> BPL Card | <input type="checkbox"/> S.T Certificate | <input type="checkbox"/> Admission Fees |

Name of the Student: _____

Class: _____ **Section:** _____

Date: _____

Signature: _____
(Admission Officer)