LOVELY PUBLIC ENGLISH SCHOOL (GOVT. RECOGNISED)

A-100 Yojna Vihar Nr. Yamuna Sports Club Delhi-110092

Ph: 01143600686, 9560180295 Website: www.lpsyv.in Email id: lpsyojnavihar@gmail.com



REGISTRATION FORM (2024-25)

Registration No:	Registra	ation Date:		Registration for class						
PERSONAL DATA OF THE STUDENT										
Fill in CAPITAL LETTERS WHEREVER BOXES ARE PROVIDED. MARK YOUR CHOICES WITH A TICK										
(Incomplete form will not be acco	epted.)				PICTURE					
Name (Master/Miss) N			U D E	N T	OF					
(As appear in official school ce	rtificates)	SL	R N A	M E	STUDENT					
Date of Birth D D M M Y Y Y Y										
(As per the Birth Certificate issued by M.C.D.)										
In words										
Sex: M F Age as on 31 st March 2024 Year Month Days										
Nationality Religion Minority : Yes No Mother Tongue Mother Tongue										
Name of school last attended										
Residential / Correspondence Address										
Residential / Correspondence Address										
Father's No.: Mother's No.:										
Permanent Address										
Approximate distance of residen	ce from the sch	ool 0-1K	m1.1-3Km	3.1-5Km	More than 5Km					
ALUMNI: YES NO (Attach attested photocopy of the passing certificate/result of Class XII of the parent)										
SIBLING INFORMATION (not cousins) studying in L.P.S. BRANCH										
,										
Name of Brothers/Sisters	Age Class	Adm. No.	Academic Result of Previous class		Fee Verification					
			CI	ass						
* Attach minority certificate p	lease.									
* Academic result and fee of the sibling verified from the fee counter										
<u>ACKNOWLEDGEMENT</u>										
Received the registration form and other supporting documents from										
In respect of Master / Miss										
For registration to class of the school for the academic session										
Received on	•••••	•••••		Time						

Please affix passport size photograph of Father

INFORMATION ABOUT PARENTS

Please affix passport size photograph of Mother

Father's Name	ne Mother's Name								
Father's Profession / Business Mother's Profession / Business									
Nature of business/Profession (Father) * Please specify your job clearly		(Mothe	r)						
Working at present job since (Father)		(Mothe	er)						
Office address (Father)* * Office address should be accurate and comp		(Mothe	er)						
Office Correspondence Tele. Nos. (Father)		(Mothe	er)						
* Annual Income (Father)		(Mothe	er)						
* Qualification (Father) (Mother)									
Are you a single parent	Yes	No 🗌							
Parents with sports background (Nationality / State Level Only)	Yes	No	Father Mother	Yes Yes	No No				
If yes then give details									
YOL	JR ATTENT	TION PLEASI	E						
CERTIFICATE REQUIRED at the time of registration (ATTESTED) (Without which the application of admission will not be accepted) 1. Birth Certificate with the name of the child 2. Medical Certificate (If prone to any problem) 3. Aadhar Card of the Child (2 Copy) 4. Proof of Residence (for schedule castes/Schedule Tribes / other Backward Community and Income Certificate) PLEASE NOTE: Staple all documents to the top left hand corner of the application. All documents are compulsory.									
	UNDER	RTAKING							
I, hereby declare that I am the bonafied Par correct to the best of my knowledge. I will ab child can be cancelled if any information is for	oide by the sch	ool rules and pro							
Date :									
	ture		nature	Guardian'	s Signature				
Note: 1. Filling of this form does not establish a 2. Kindly produce this registration slip at 3. Please attach all supporting documents 4. Please fill the questionnaire to know y	iny claim for ac the time of ad s with your for ou better.	lmission of the comission. mission. m.	hild.						
5. Form will be considered incomplete, if	required docu	ments are not at	tached.		gnature				
* These particulars do not carry any poir	nts. Informati	on is only for So	chool record.	31	bilataic				