LOVELY PUBLIC ENGLISH SCHOOL

(GOVT. RECOGNISED)

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





REGISTRATION FORM 2025-26

| Registration No: | Registra | tion Date: | | Registration for class | | | | |
|---|--------------------|--------------|--|------------------------|---|--|--|--|
| PERSONAL DATA | A OF THE | STUDE | V T | Г | | | | |
| Fill in CAPITAL LETTERS WHEREVE (Incomplete form will not be a | | IDED. MARK Y | OUR CHOICES W | VITH A TICK 🗸 | PICTURE | | | |
| Name (Master/Miss) | A M E O | F S T | U D E | N T | OF | | | |
| (As appear in official school | certificates) | S | R N A | A M E | STUDENT | | | |
| Date of Birth D D M M Y Y Y Y Y | | | | | | | | |
| (As per the Birth Certificate issued by M.C.D.) In words | | | | | | | | |
| In words | •••••• | ••••• | ••••• | ••••• | ••••••••••••••••••••••••••••••••••••••• | | | |
| Sex: M F Age as on 31 st March 2024 YearMonthDays | | | | | | | | |
| Nationality | Religion | Minority | :Yes N | No Mother Tor | ngue | | | |
| Name of school last attended | | | | | | | | |
| Residential / Correspondence Address | | | | | | | | |
| Father's No.: Mother's No.: | | | | | | | | |
| Permanent Address | | | | | | | | |
| | | | | | | | | |
| Approximate distance of resid | lence from the sch | ool 0-1K | m 1.1-3Kr | m 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 Fee Verification | | Fee Verification | | | |
| Name of brothers, sisters | Age Class | Aum. No. | class | | ree vermeation | | | |
| | | | | | | | | |
| * Attach minority certificate please. * 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 | | | | | | | | |
| | | | | | | | | |

Please affix passport size photograph of Father

INFORMATION ABOUT PARENTS

Please affix
passport size
photograph of
Mother

| Father's Name | Mot | her's Name | | | | | |
|--|--|-----------------------------------|------------------|----------------------|--|--|--|
| Father's Profession / Business | Moth | er's Profession / | Business | | | | |
| Nature of business/Profession (Father) * Please specify your job clearly | | (Moth | er) | | | | |
| Working at present job since (Father) | | (Moth | ner) | | | | |
| Office address (Father)* * Office address should be accurate and co | | (Moth | ner) | | | | |
| Office Correspondence Tele. Nos. (Father) | | (Moth | ner) | | | | |
| * Annual Income (Father) | | (Moth | ner) | | | | |
| * Qualification (Father) | ••••• | (Moth | er) | | | | |
| Are you a single parent | Yes | No 🗌 | | | | | |
| Parents with sports background (Nationality / State Level Only) | Yes | No | Father Mother | Yes No | | | |
| If yes then give details | | | | <u> </u> | | | |
| Y | OUR ATTEN | TION PLEAS | SE | | | | |
| 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. | | | | | | | |
| · | | RTAKING | | • | | | |
| I, hereby declare that I am the bonafied correct to the best of my knowledge. I will child can be cancelled if any information is | Parent / Guardia | in of the studer | | | | | |
| Date : | | | | | | | |
| Father's Signature | | Mother's Si | gnature | Guardian's Signature | | | |
| Note: 1. Filling of this form does not establis 2. Kindly produce this registration slip 3. Please attach all supporting docume 4. Please fill the questionnaire to know | h any claim for ac at the time of ad ents with your for v you better. | dmission of the mission. m. | child. | | | | |
| 5. Form will be considered incomplete | , it required docu | iments are not a | attacnea. | Signature | | | |
| * These particulars do not carry any p | oints. Informat | ion is only for | School record. | : U | | | |