LAKSHAY INTERNATIONAL SCHOOL NAULTHA



NAME	
CLASS	
HOUSE	
VILLAGE	

LAKSHAY INTERNATIONAL SCHOOL

APLICATION FORM	Affix Coloured Passport Size Photograph Of Student				
ADMISSION IN SOUGHT CLASS For hostel / day scholar					
PARTICULARS OF STUDENT (to be filled in blocked letters)					
Child`s Name					
Date of Birth (DD/MM/YYYY)					
Date of birth (in words)]				
Age as on 1 st April of the Academic Section Year Month Days					
Nationality of child Mother Tongue					
Religion Gender					
Category GN OBC SC ST URBAN RURAL					
STAFF/ WARD					
Student Aadhaar no Family ID no					
Blood Group					
SIBLING DETAILS					

NAMED.O.BCLASSSCHOOLCONCESSIONImage: ConcessionImage: Concession<td

DECLARATION

- ✓ I KNOW THAT FEES ONCE DEPOSITED IS NOT REFUNDABLE AND ISSUE OF ADMISSIONS FORM DOES NOT GIVE GURNTEE OF ADMISSION
- ✓ I HAVE MADE CAREFUL NOTE OF VARIOUS DETAILS REGARDING THE PAYMENT OF SCHOOL FEES. I HAVE MADE SATISFACORY ARRANGEMENTS FOR REMITTANCE OF SCHOOL FEES BY DUE DATES WITHOUT ANY REMINDER FROM THE SCHOOL OTHERWISE LATE FEE FINE SHALL BE PAID BY ME I WILL PAY THE SCHOOL FEES BY ERP PORTAL OR BANK TRANSFER IN FAVOUR OF LAKSHAY INTERNATIONAL SCHOOL NAULTHA AS PER RULES. I FULLY UNDERSTAND THAT THE FEE ONCE DEPOSITED WILL NOT BE REFUND IN ANY CASE
- ✓ I HEREBY STATE THAT DATE OF BIRTH AND SPELLINGS OF NAME OF MY CHILD /WARD GIVEN IN THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE AS PER DOCUMENTS SUBMITTITED
- ✓ I SHALL READ CAREFULLY ALL THE RULES , REGULATIONS AND PROCEDURES LAID DOWN IN THE SCHOOL ALMANAC AND BEING DESIROUS OF HAVING MY CHILD/WARD EDUCATION IN LAKSHAY INTERNATIONAL SCHOOL NAULTHA . I HEREBY AGREE TO ABIDE BY THEM IN ALL RESPECTS .
- ✓ I UNDERSTAND THAT THE DECISION OF THE MANAGEMENT OF THE SCHOOL SHALL BE FINAL AND BINDING ON ME
- ✓ I HEREBY CERTIFY THAT MY WARD AND I WILL FOLLOW THE RULES, REGULATIONS AND PROCEDURES LAID DOWN BY THE SCHOOL FROM TIME TO TIME. DECISION OF THE SCHOOL AUTHORITY SHALL BE BINDING ON ME IF HE/SHE BREACH DISCIPLINE
- ✓ ONE MONTH ADVANCE NOTICE SHALL BE GIVEN BY ONE FOR DISCONTINUTION OF STUDY OF THE CHILD IN THE SCHOOL
- ✓ I UNDERSTAND THAT THE BUS FEE IS PAYABLE FOR 11 MONTHS (APRIL TO MARCH , EXPECT JUNE) THE SCHOOL WILL NOT ACCEPT NOTICE REGARDING DISCONTINUATION OF BUS FACILITY IN THE MID SECTION
- ✓ I HERE BY PUT MY SIGNATUE TO CONFIRM THHE ABOVE DECLARATION

DATE .	_/_/	/
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PLACE	
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SIGNATURE OF PARENT / GUARDIAN

D	ETAILS OF BUS FACILITY	
PLACE	ROAD NAME / STREET	
STOPPAGE	BUS ROUTE NO	
	SIGNATURE OF TRANSI	PORT OFFICER/IN-CHARGE
	FOR OFFICE USE ONLY	
FEES PAID AT THE TIME OF ADMISSION DATE _/_/		
MODE OF PAYMENT		
SIGNATURE OF ACCOUNTANT		
SIGNATURE OF ADMISSION INCHARG	E	PRINCIPAL SIGNATURE

PARTICULARS OF PARENTS

	MOTHER	FATHER		
Name Academic Qualifications				
Occupation				
Designation				
Official Address				
Cell no .				
E-MAIL ID				
Annual Income				
Present Residential Address				
	Pin Code			

LIST OF ENCLOSURES

- FOUR PASSPORT SIZE PHOTOGRAPHS OF STUDENTS, TWO PASSPORT SIZE PHOGRAPH OF PARENTS
- > DATE OF BIRTH CERTIFICATE PHOTOCOPY
- SCHOOL LEAVING CERTIFICATE FROM MIS PORTAL / TRANSFER CERTIFICATE
- > MARKS SHEET / REPORT CARD OF PREVIOUS CLASS
- > PHOTOCOPY OF AADHAAR CARD OF STUDENTS AND PARENTS
- > FAMILY ID
- > MIGRATION CERTIFICATE
- > SC/BC//BPL CERTIFICATE (IF APPLICABLE)
- > SPECIAL CASES CERTIFICATE