

LAKSHMIPAT SINGHANIA ACADEMY BISSAU

Admission Form

Admission No. _____

Date of Joining _____

Fix Passport Size
Photograph and
attach two
Photographs extra

In Case of Emergency Call At - Name _____

Ph. No. _____

Mob. No. _____

FOR OFFICE USE

NAME	
ADMISSION IN CLASS	
ACADEMIC YEAR	
DATE OF REG.	No.
ACCOUNTS DEPT.	
PRINCIPAL	

.....
For CLASS Teacher – Please enter Name _____ in Class _____

and inform the office by handing over this slip

Sig. of Class teacher

LAKSHMIPAT SINGHANIA ACADEMY BISSAU

(Application Form)

Surname of Applicant _____ First Name _____

Male or Female _____ Class to which admission is Sought _____

Date of Birth DD _____ MM _____ YY _____ Place _____ Nationality _____

Permanent Address _____

Father (Surname, First Name and Address)

Father (Surname, First Name and Address)

Designation _____

Designation _____

Mother (Surname, First Name and Address)

Mother (Surname, First Name and Address)

Designation _____

Designation _____

Designation and Address of Guardian

Designation and Address of Guardian

Family history and background _____

Brothers _____ Ages _____ Sisters _____ Ages _____

Names and address of last school attended, with date _____

Reason for withdrawal _____

Fees Paid up to _____ (Attach Details) _____

Has applicant ever been expelled or suspended from any school (attach details) Yes/No. _____

Class Complete before LSAB entry _____ Year _____

Sports, Games activities : Good _____ Average _____ Indifferent _____

Interest and Hobbies _____

Is there any evidence of learning disability (attach full explanation) Yes/No _____

Health and physique : Any allergies, History of asthma, epilepsy, diabetes or other major illness or physical disability should be noted here and details to be submitted.

Important Instruction-

1. Duly attested copy of the report Card of the school last attended, indicating the class, year and date of birth of pupil (for class on upwards)
2. Duly attested copy of birth certificate from municipal Corporation (for classes pre school 1&2 only)
3. Registration form will be summarily rejected if the above mentioned documents are not enclosed in the prescribed manner.

I Solemnly declare that above particulars about my ward Master/Miss _____ are correct. I also agree to abide by the rules and regulation of the school as will be in Force from time to time.

Date _____
Place _____

Name of Parent/Guardian _____
Signature of Parent/Guardian _____

I have not hidden any medical problem in respect of my ward. In case of any injury sustained by my ward during school hours or while traveling in school bus to and fro, I shall not hold responsible the school authority so ever in total legality.

(To be filled in by the office only)

Serial No. _____
Admission test date _____

Regn. No. _____
Time _____

Signature of office In-charge with date

Principal

Transport Requirement

I need the school transport from _____ I will follow the rules and regulation of the school transport. In case the school transport Fails to report at my Pickup Point, I will drop my child at school and claim no charges for it.

Date _____

Signature of Parent

Name