

LITTLE STAR PUBLIC SCHOOL

Your Child Deserves the Best!

Firoz Gandhi Colony, Phase II, Gurgaon-122001

Helpline: 7011948893, 9311015176

Email: Littlestarp03@gmail.com



REGISTRATION FORM

Registration form for Session 20____-20____

Regst. No. _____

Date: ____/____/20____

Admission sought for class _____

(USE CAPITAL LETTERS ONLY)

- ◆ Student's Name _____
First Middle Last
- ◆ Sex: Male ☐ Female ☐
- ◆ Date of Birth _____ Age _____
- ◆ Nationality _____ Caste: General/SC /ST /OBC
- ◆ Father's Name _____
First Middle Last
- ◆ F. Contact No. _____ Email-id _____
- ◆ Mother's Name _____
First Middle Last
- ◆ M. Contact No _____ Email-id _____
- ◆ Name of the previous school _____
- ◆ Address: _____
- ◆ Annual Income of the parents: _____

I understand and agree that the registration of my child/ward in LSPS school and the registration fee of Rs.100 is neither transferable nor refundable.

Date

Parents Signature