

# Pt. Laxmi Shanker Saraswati Inter College

## STUDENT ADMISSION FORM

Academic Year: \_\_\_\_\_ Application No: \_\_\_\_\_

### SECTION 1 — STUDENT PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion (Optional) \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Academic Year Applying For \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Does the student have any special learning needs?

☐ Yes ☐ No

If Yes, please describe \_\_\_\_\_

### SECTION 2 — PARENT / GUARDIAN INFORMATION

#### Father / Guardian 1

Full Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Occupation \_\_\_\_\_ Employer / Company \_\_\_\_\_

Mobile Number \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

#### Mother / Guardian 2

Full Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Occupation \_\_\_\_\_ Employer / Company \_\_\_\_\_

Mobile Number \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

#### Emergency Contact (if different from above)

Full Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Who has legal custody of the student?

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian

FOR OFFICE USE ONLY
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Date Received	Reviewed By	Status
Remarks		

Please submit this completed form along with all required supporting documents to the school admissions office.