

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

Date Received

Reviewed By

Status

Remarks

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