

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.