

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.