

OTHER PARTICULARS OF THE FAMILY

| Name / Relation to the Child | Age | Educational Qualification | Profession |
|------------------------------|-----|---------------------------|------------|
| | | | |
| | | | |
| | | | |

Whether the family is Joint / Single Unit / Single (Cross out which is not applicable)

Real Brother / Sister

Name _____ Class _____ Name of the School _____

As parents, our aspirations for our child are _____

Our expectations from the school and the teachers with respect to our child are _____

Our child, when free, loves to _____

As a mother, how much time do you spend with the child and how? _____

As a father, how much time do you spend with the child and how? _____

How would you contribute to the growth of your child? _____

In case both parents are working who will be looking after the child at home till you return? _____

Does your child suffer from any disability or ailment where the School has to be cautious in handling him/her? _____

What values would you like to inculcate in your child? _____

How do you help and encourage your child to learn? _____

How would you handle if your child is unable to cope up with School Work? _____

This is to certify, that all the information provided in this form is true to the best of my knowledge and belief. False/incorrect information could jeopardize selection/enrollment.

Signature

Father

Mother

FOOT NOTE:

- Parents may attach extra sheet of paper as annexure wherever they feel constraint of writing space.
- Submission of the form does not guarantee admission. Only Shortlisted candidates will be called for a meeting with the Principal

FOR OFFICE USE ONLY

Called for meeting with the Principal on _____

Remarks _____

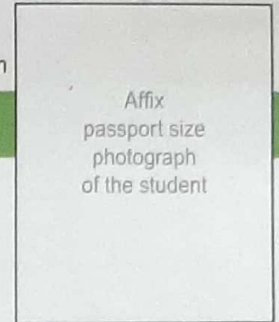
Signature of the Principal



Profession
Date

Reg. No.
Class
Session
Sign.

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REGISTRATION FORM

PARTICULARS OF THE STUDENT

Name of the Student _____

Date of Birth (In Figures) Name of the present School _____

Date of Birth (In Words) _____

Age as on 1st April, 20 _____ Place of Birth _____

Mother Tongue _____

Any other Language(s) the child can speak and understand _____

Nationality _____

Present Address _____

Permanent Address _____

Residential Telephone No _____ Mobile No (Father) _____ (Mother) _____

PARTICULARS OF PARENTS

FATHER

MOTHER

| | FATHER | MOTHER |
|-------------------------------------------|--------|--------|
| Name | _____ | _____ |
| Age | _____ | _____ |
| Educational & Professional Qualifications | _____ | _____ |
| Occupation | _____ | _____ |
| Name of the Organization | _____ | _____ |
| Designation | _____ | _____ |
| Office/ Employers' Address | _____ | _____ |
| Office/Tel No. | _____ | _____ |
| E-mail | _____ | _____ |
| Monthly Income | _____ | _____ |
| Office Timings | _____ | _____ |
| State Name of Business (if applicable) | _____ | _____ |
| Whether Owner or Partner (if applicable) | _____ | _____ |