



ADMISSION FORM

CHILD'S
PHOTO

A-100-101, Nanhe Park, Matiyala BindaPur Road, Near Ramesh Matiyala Office, Uttam Nagar, New Delhi-110059 • Phone - +919911004785

(A unit of Star Education)

Admission no _____

Registration No _____

Date: _____

CHILD'S DETAILS:

Child's name:

Gender: M F Date of Birth:

Residential Address:

FATHER'S
PHOTO

PARENT'S DETAIL

Father's Name:

Occupation: Designation: _____

Qualification:

Office Address: _____

Mobile: Residence No:

Email:

Mother's Name:

Occupation: Designation: _____

Qualification:

Office Address: _____

Mobile: Residence No:

Email:

Hobbies / Interested:

Child's health Background: _____

Family Physician/pediatrician Name & Ph.No. _____

If a brother/ sister of the Student is/ was a student of LSP (Y/N) Y N

If Yes, Name of Student:

ANY OTHER INFORMATION ABOUT THE CHILD: _____

PICK UP AUTHORIZATION

Name & Relationship with the child & contact details: _____

Mode of payment: Cash / Cheque:

MOTHER'S
PHOTO

Mother's Signature

Father's Signature

Teacher's Signature