



**Lotus Valley**  
INTERNATIONAL SCHOOL  
GREATER NOIDA WEST  
(NOIDA EXT.)

*Learning to Be*

Profession

Date of Application

Reg. No.

Class

Session

Sign.

Lotus Valley International School, Plot 20 A, Sector Techzone - IV, Greater Noida West (Noida Ext.) UP - 201 306  
Ph. (Admissions): 91-9821694492, 8448992087, Email: admissions@lotusvalleynoidaextension.com  
Ph. (Principal Off.): 91-9205992385, Email: principal@lotusvalleynoidaextension.com, Web: www.lotusvalleynoidaextension.com

## REGISTRATION FORM

Affix  
passport size  
photograph  
of the student

### PARTICULARS OF THE STUDENT

Name of Child \_\_\_\_\_

Date of Birth (In Figures)

Date of Birth (In Words) \_\_\_\_\_

Age as on 31<sup>st</sup> March, 20 \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother Tongue \_\_\_\_\_

Other Language/s \_\_\_\_\_

Nationality \_\_\_\_\_

Present Address \_\_\_\_\_

Residential Telephone No \_\_\_\_\_ Mobile No (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Name of Present School \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

School Address \_\_\_\_\_ Last Class Attended \_\_\_\_\_

### PARTICULARS OF PARENTS

#### FATHER

#### MOTHER

Name \_\_\_\_\_

Age \_\_\_\_\_

Educational & Professional Qualifications \_\_\_\_\_

Occupation \_\_\_\_\_

Name of 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) \_\_\_\_\_

**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, I spend with my child by \_\_\_\_\_

As a father, I spend with my child by \_\_\_\_\_

We want our child to be when he/she grows up \_\_\_\_\_

Our support system in our absence is \_\_\_\_\_

Our child has a special/different ability ailment (Please mention if any) \_\_\_\_\_

Discipline to us means \_\_\_\_\_

If our child is unable to cope up with the school work we \_\_\_\_\_

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