



Lotus Valley

INTERNATIONAL SCHOOL
GREATER NOIDA WEST

Learning to Be

Admission Form

Admission No.: _____ **Grade:** _____ **Section:** _____
(For office use only)

Name: _____
(In block letters)

Academic Session: 20 YY - 20 YY

LOTUS VALLEY INTERNATIONAL SCHOOL,
GREATER NOIDA WEST

Note: Please write the information clearly in BOLD, using black or blue ball pen only.

Please paste a coloured
passport size photo

DO NOT STAPLE

STUDENT

Please paste a coloured
passport size photo

DO NOT STAPLE

MOTHER

Please paste a coloured
passport size photo

DO NOT STAPLE

FATHER

Signature of Mother

Signature of Father

General Information

I / We are considering enrollment of our ward for class Joining
With effect from DD / MM / YY

Personal Data of Student

First Name Middle Name Surname

Date of Birth DD / MM / YY Age (Years) Months Nationality

Gender: Female Male Mother Tongue Other Languages Spoken

Permanent Residential Address

City Pin Code Country Religion

Home Tele# Father's Mob.No# Mother's Mob.No#

Postal Address

Educational Background

Name(s) of previous school attended

City/State Country From YY To YY

Reason for leaving

Has the child ever been expelled/rusticated/not promoted by any School Yes No

If YES, Please give details



Lotus Valley International School, Plot 20 A, Sector Techzone - IV, Greater Noida West UP - 201306
Phone: 91-9821694492, 8448992087, 9205992385, 9205756356
Email: admissions@lotusvalleynoidaextension.com, principal@lotusvalleynoidaextension.com
Website: www.lotusvalleynoidaextension.com

STUDENT'S PROFORMA

Name:..... Grade Section.....

Admission. No:..... D.O.B. DD/MM/YY Third Language.....
(Only applicable for **Grade V upward**)

Details	Father	Mother
Name		
Occupation		
Office Address		
Office Phone No.		
Mobile No.		
Email Address (To be mentioned clearly)		

Residence Address :

.....

Residence Phone No : / /

Brother(s) / Sister(s) in Lotus Valley International School, Greater Noida West/Noida/Gurugram: (Please ✓ the Branch Name)

Name: Grade:

Name: Grade:



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MEDICAL RECORD PROFORMA

(To be filled in by the parent)

Name: Grade: Section:.....

Admission No: D.O.B: DD/MM/YY Age (In years as on date).....

Blood Group: Gender : Male Female

Specific diseases suffered in the past:

- Genetic:.....
- Acquired:.....
- Chronic Ailment, if any , Physical Disability, if any
- Any Surgery in the Past:

Eye Sight: (Please mark)

Does your child wear glasses?: Yes / No Contact Lenses Yes / No

Allergy if any:

To Food Products:.....

To Medication:.....

Kindly specify if the child is on regular medication for any ailment/allergy: (Bold Letters)

.....
.....
.....

- Any special care required :
- In case of need, doctor to be contacted: Name :..... Contact No.



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REQUEST FOR SCHOOL TRANSPORT / PICK-UP OF CHILD

Subsequent to my ward's admission to Lotus Valley International School, Greater Noida West (Noida Ext.), I request that my ward..... admission No. of Grade / Section..... /.....

may please be allowed from DD/MM/YY to start availing the transport facility being provided by the school.

Pick up Point : Drop point :

Name of the Parent :

Residence Address :

Contact No. : , ,

Route No. : (if applicable)

Those authorised to pickup the child from bus/school:

1. (Relation with the child)
2. (Relation with the child)
3. (Relation with the child)

DECLARATION

Although, I understand that the school will provide full security and safety, exercising due diligence in carrying out the services, the school shall not be held responsible in case of any mishap. I also understand that the school reserves the right to alter / restructure any route, at any point of time in interest of students and the school.

I agree to abide by all the rules and regulations laid down by the school authorities.

Parent's Signature

Date: DD/MM/YY.....

FOR OFFICE USE ONLY

Bus fee Paid: Yes/No

Route No : (Morning) _____ / Afternoon _____

Signature.....
(Transport Officer)

Signature,
(Accounts Officer)



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The Principal
Lotus Valley International School,
Greater Noida West

UNDERTAKING

With reference to the admission of my ward.....admission no.in
Grade/Section / for the Academic Session .20.YY.. 20.YY. in this School, I state that at present,
I am unable to submit the following documents along with the admission form.

For grade Pre-nursery to grade I : (Please ✓)

1. Self Attested Photocopy of Birth Certificate
2. Self Attested Photocopy of Aadhar Card of Parents & Child / or any other govt. proof other than the Birth Certificate.
3. Passport sized photographs of Parents & Child (4 photographs each)
4. Self Attested Photocopy of Vaccination Record

For grade II & above : (Please ✓)

(All of the above mentioned documents except photocopy of Vaccination Record)

1. Self-Attested Photocopy of latest Report Card (mid term of present class/final term of previous class)
2. TC (original copy after completion of session in the present school).

I undertake to submit the same **within 15 days** from the date of admission **or** by, DD / MM / YY as reason _____
failing which I am aware that admission of my ward shall stand cancelled/would be considered provisional.

Name of the Parent : Relation with the Child :

Signature of the Parent : Date: DD / MM / YY



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Name of the Child

Grade Section Admission No

RULES FOR WITHDRAWAL / CANCELLATION OF ADMISSION

If intimation is received	Non-Refundable	Refundable
Cancellation		
On or before 28 Feb 20 ____	Admission Fee	Caution Money, Tuition fee and Bus Charges
On or before 01 March 20 ____ but before session starts i.e 01 April 20 ____	Admission Fee and proportionate amount towards tuition fee for short of one month notice period	Caution Money, Tuition Fee and Bus charges (in case quarterly fee paid)
Withdrawal		
On or after session starts but before 30 April ____	Admission Fee, Tuition Fee for 1 Month and 1 Month Bus Charges	Caution Money
From 01 May 20 ____ till 30 June 20 ____	Admission Fee, Tuition Fee for 1 Month and 1 Month Bus Charges	Caution Money
On or after 01 July 20 ____	Admission Fee, Tuition Fee for 1 Month and 1 Month Bus Charges	Caution Money

I have carefully read the rules for withdrawal / cancellation of admission and agreed to abide by them.

Parent's Signature Date.....

Ms. Indu Yadav
Principal



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FEE PAYMENT DECLARATION

I, parent of of
class.....section admission no choose the following option to pay the
school fee during this academic year :

Monthly

Quarterly

In case of Monthly Fee Payment, if the fee remains unpaid till the last day i.e 10th of the fee month, there will be three reminders given to the parent after which the name of the student will be struck off the school register. Once the name is struck off, re-admission charges of Rs. 2,500/- will be levied along with a late fee of Rs. 50/- per day from **10th of the fee month** till the date of payment, to reinstate the name of the student.

In case of Quarterly Fee Payment, if the fee remains unpaid till the last day i.e 20th of the first month of the fee quarter, there will be three reminders given to the parent after which the name of the student will be struck off the school register. Once the name is struck off, re-admission charges of Rs. 2,500/- will be levied along with a late fee of Rs. 50/- per day from **20th of the fee quarter** till the date of payment, to reinstate the name of the student.

Rest of the terms & conditions will remain the same as mentioned in the school almanac.

Parent's Signature:

Date: DD/MM/YY...

STUDENT ID CARD FORM (CAPITAL LETTERS ONLY)

Paste a
passport size pic
of child

Name: Class: Section:

Father's Name: Mother's Name:

Admission No: Phone Number: (F) (M)

Address:

Date of Birth: DD/MM/YY...

Blood Group:..... Transport (Yes/No): Parent's Signature:



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1. Category: (Attach proof): General SC ST OBC EWS

2. Aadhar No. (Attach proof)

3. Name & Address of the last attended school:

.....

.....

4. Class last attended.....

5. Last School affiliated is

(i) CBSE (ii) ISCE (iii) IB (iv) State Board

(v) Any other (please specify).....

6. Result of last class:

Subject	Maximum Marks	Marks obtained	% of Marks	Remarks

7. Transfer Certificate Details*:-

Transfer Certificate No:

Date of Issue:

DECLARATION

I hereby declare that the above information including Name of the Candidate, Father's/Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date

Signature of the Parent(s)/Guardian

Place

Relation with candidate.....

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no..... on dated.....

Signature of the Principal

* In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.

Parents' Information :

Father's Name	<input type="text"/>	Age	<input type="text"/>	Nationality	<input type="text"/>
Educational Qualification	<input type="text"/>	University	<input type="text"/>		
Father's Profession / Occupation	<input type="text"/>	Monthly Income (Mandatory)	<input type="text"/>		
Office Address	<input type="text"/>				
Office Tele #	<input type="text"/>	Mob #	<input type="text"/>	Email	<input type="text"/>
				(to be mentioned clearly)	
Mother's Name	<input type="text"/>	Age	<input type="text"/>	Nationality	<input type="text"/>
Educational Qualification	<input type="text"/>	University	<input type="text"/>		
Mother's Profession / Occupation	<input type="text"/>	Monthly Income (Mandatory)	<input type="text"/>		
Office Address	<input type="text"/>				
Office Tele #	<input type="text"/>	Mob #	<input type="text"/>	Email	<input type="text"/>
				(to be mentioned clearly)	

Sibling Information: (if any)

Real Brother/Sister 1. Name	<input type="text"/>	Age	<input type="text"/>	School Attending/Attended	<input type="text"/>
Real Brother/Sister 2. Name	<input type="text"/>	Age	<input type="text"/>	School Attending/Attended	<input type="text"/>

References : Details of persons who can vouch for you (not residing with you)

1. Name	<input type="text"/>	Designation	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	City/State	<input type="text"/>	Pin Code	<input type="text"/>
2. Name	<input type="text"/>	Designation	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	City/State	<input type="text"/>	Pin Code	<input type="text"/>

Transport:

Availing School Bus Facility : Yes No

DECLARATION

This is to certify that the information provided in this form is true to the best of my knowledge and belief. False or incorrect information supplied in this application could jeopardize selection and enrollment of my ward's admission. Furthermore, we shall not claim any part of the fee deposited in the school at the time of admission except CAUTION MONEY at the time of withdrawal of our ward. If the caution money is retained by the school for contingencies like damage to properties etc. I will not claim any interest on it.

<input type="text"/>	<input type="text"/>		
Signature of Mother	Signature of Father		
Name (BLOCK LETTERS)	Name (BLOCK LETTERS)	Dated	<input type="text"/>
<input type="text"/>	<input type="text"/>		DD / MM / YY
Mother	Father		

Please submit the following documents

1. Report card from previous school/class
2. Certificates of merit, if any
3. Birth Certificate (photocopy)
4. Transfer Certificate in original
5. Passport size photographs(4 each for parents & child)
6. Reference Letter (from the previous school)
7. Registration Form
8. Photocopy of the Immunization chart

For Office Use Only

- Admission Fee:
- Caution Money (refundable):
- House Colour
- Third Language :
(Only applicable **for grade V upward**)
- Tuition Fee (Quarterly / Monthly):
- Bus Fee (if applicable):

Received ₹ On-line / Cheque (Please ✓) towards admission

Receipt No.

Remarks

Signature of Accountant:



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Helping Hands: Parent Volunteer Form

Parents are a child's first teachers and play a significant role in their child's education. Children take pride in their parent's involvement in their school.

If you wish to volunteer in any Activity/Programme of the school, you are requested to fill in the following details.

Would you like to be part of Parent Volunteer Programme (PVP) at LVISNE Yes No

Kindly (v) tick mark the boxes in which you can be available to volunteer as a resource person.

Substitute Teacher: (During extended absence of a teacher) please mention the Subject preferred.

Grades P.Nur - II Subject

Grades III-V Subject

Grades VI-X Subject

Third Language: a) French b) German c) Sanskrit

Co-Curricular Activities:

- | | | |
|--------------------------------|----------------|----------|
| a) Personality Development | b) Art & Craft | c) ICT |
| d) Sports | e) Music | f) Dance |
| g) Other (Please Specify)..... | | |

During School Functions:

- | | | |
|--|-------------|---------------|
| a) Make-Up | b) Music | c) Decoration |
| d) Theatre | e) Catering | f) Media |
| g) Photography h) Other (Please Specify)..... | | |

Enhancement Programme:

- | | | |
|---|------------|-----------------------|
| a) Teacher Enrichment Programme | b) Website | c) Career Counselling |
| d) Student Enrichment Programme e) Other (Please Specify)..... | | |

Educational trip/internship at your workplace (Briefly describe benefits to students):

.....
.....

Any Other Area:

Your Name..... Parent Of.....Class.....Section.....

Contact No.....

Signature..... Date.....