



LAKSHAY PUBLIC SCHOOL

PO AND TEHSIL ARKI, DISTT. SOLAN (H.P.)

(Affiliated to H.P. Board of school Education Dharamshala, Kangra H.P.)

(Affiliation No. : 28502 School Code : 4141)

Space for Photo

1. Name of the Student :
2. Date of Birth :
3. Father Name :Occupation :
4. Mother Name : Occupation :
5. Address for correspondence :
.....
6. Permanent Address :
.....
7. Last School Attended : Medium of Instruction :
8. Last Class Passed : Year :
9. Class to Which admission is sought :
10. Place of Residence : Whether transport facility required :
11. AADHAR Card No. : Category : (Gen/SC/ST/OBC/EWS/BPL)
12. Telephone No. :

Certificate from parents :

- I hereby certify that All facts given above are correct.
- I have read the form and I agree to abide by the rules and regulations of the school.
- I have no objection my child/ward participating in the various activities organized in and out of the school.
- The school will not be held responsible for any damage or change, on account of injuries, fatal or otherwise, which may be sustained by my child/ward while taking part in games, sports or other indoor and outdoor activities at any time during his/her stay in the school. All expenses that may be incurred in the treatment of such injuries will be borne by me.
- I authorized LPS to arrange medical attention, treatment or emergency surgery, if needed to the best judgment of the Principal.

Date :

Signature of Parent/Guardian

For the Use of Office

Admitted to Class : Receipt No. :Dated :

Signature of Principal