

School Code: WB082

154, G. T. ROAD, BALLY, HOWRAH-711201.

Affiliated to the Council for the Indian School Certificate Examinations, New Delhi

REGRISTRATION FORM FOR ADMISSION

Regn. No.20...../....

Sl. No		Date	
	FATHER'S	MOTHER'S	CANDIDATE'S
	PASSPORT	PASSPORT	PASSPORT
	РНОТО	РНОТО	РНОТО
	3.4 X 3.5 cm.	3.4 X 3.5 cm.	3.4 X 3.5 cm.
Candidate's Name			
Seeking Admission in Class	i		
Date of Birth as given in the Municipal Certificate			
Name	National	lity F	Religion
Father			
Mother			
Candidate			
Details of all children		Name	Age
	1		
	2		
	3		
Father's Occupation (with d	letails)		
Name & Address of Office			
Father's Mobile No.			
Mouner's Mobile No		£ma11 1a	

Residential Address of th	ne Parents			
Residential Telephone N	o			
Total Monthly Income of	f Parents			
Candidate's Current Sch	ool			
If a Brother / Sister (not	Cousin)			
Is present in LSHS	Name	Class	Roll No.	
	1			
	2			
If either parents is an ex-	-student of LSHS.			
	• Year of leaving S	chool	Roll No	
	Examination Pass	sed		
If old-girl, mention maid	len name			
	Signature of Father / Guardia		nature of Mother / Guardian	

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Fund transfer details for new admission for the session/.....

1.	Name of the Student	
2.	Reference Number / Class applied for	
3.	Father's / Mother's Name	
4.	Name of the Bank (from which fund is transferred)	
5.	Name of the Account (from which fund is transferred)	
6.	Account Number	
7.	IFSC Code of the Bank	
8.	Transaction ID	
9.	Date of transfer of fund	

INSTRUCTION FORM

I,	(Full Name in Block Letters) son / wife /
daughter of	aged aboutyears, by
occupation	Residing at
	under Police Station
(Fu	ll Address with Pin Code) doth hereby SEND GREETINGS;
	mission of my son / daughter
	School / Institution, the School Authority has in principal agreed filment and compliance with the required, Regulations and formalities;
IN CONSIDERATION of the above, I	(Full Name)
Being the natural guardian ofundertake, inform and irrevocably assure the	doth hereby School Authority that :-

- 1. At all point of time hereafter and so long my son / daughter mentioned above, shall remain in the school I would ensure faithful compliance of and strict adherence to the Rules, Regulation, Directions, Orders, Notices or otherwise of the school both prevailing and / or to be enforced or implemented, framed and issued from time to time without any protest, AND shall at no point of time neither myself show any disrespect or behave or permit anyone associated with my Ward, whosoever may be, to show any disrespect or behave with anyone in the school, either student, teacher, other guardian or otherwise in any manner which in the exclusive opinion of the School Authority is prejudicial or detrimental to the interest, reputation, image and discipline of the School or amount to any form of misconduct or endangering the harmony and discipline of imparting education and / or tarnishing the image and the credibility of the Institution directly or indirectly or by innuendo or otherwise:
- 2. It Would be my duty to ensure that my son / daughter, as above, shall always maintain exemplary disciplinary conduct both in the school or otherwise and shall fully devote for and attend to in exemplary behavioural conduct with utmost sincerity, integrity, devotion, character and discipline all assigned classes, tasks, objectives, tests, examinations and teachings and shall comply with and strictly abide by all directions, requirements, rules, regulations, orders, notices, or otherwise of the School both prevailing and / or to be enforced or implemented, framed and issued from time to time AND shall not commit any act which in the opinion of the School Authority amount to indiscipline, misconduct, endangering the harmony, discipline of imparting education and / or tarnishing the image and the credibility of the Institution;
- 3. My son / daughter shall not act in any in disciplinary manner or indulge in any unbecoming act or brawl directly or indirectly by any mode or manner of whatsoever nature and shall always comply with and strictly abide by all Rules, Regulations, Directions, Orders, Notices or otherwise of School both prevailing and/or to be enforced or implemented, framed and issued from time to time;
- 4. In the event of any injury of whatsoever nature being suffered by my Ward at any point of time, I shall remain exclusively be responsible there for including but not merely limited to treatments and consequences;
- 5. All fees, charges and payment required to be paid both prevailing and / or to be enforced or implemented, issued from time to time shall be regularly, punctually and promptly paid without any deviation, delay or deduction;

AND THAT I,	by these presents undertake to
& Address of School) And all its personnel by whatev damage, prejudice, loss, claim, demand, expenses, imposed or sanctioned or any other consequences	I harmless
decision, imposition, sanction, including that of but from the school and / or detention in the Class compensation, claims, costs, other liabilities and dec by the School Authority AND THAT the above Inde time notwithstanding any failure on the part of the	y undertake to accept without any demur or protest any not merely restricted to removal / expulsion of my Ward due to not being faithful to desired academic standard, ession by whatever name called that may be imposed upon emnity shall remain operative and applicable at all point of School Authority to enforce at any time any part and the ts or of any subsequent rights to enforce any or all of the
IN WITNESS WHEREOF I,	have hereunto
set and subscribed my signature this	day of
20in the presence of the Witness her	eunder executed.
WITNESS:	
Executed by	in my presence on this
day of20	
Name:	
Designation:	Signature
-	~

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(TO BE FILLED BY A QUALIFIED DOCTOR) MEDICAL CERTIFICATE

1.	Name :
2.	Class to which admission sought :
3.	Date of Birth:
4.	Name of Parent / Guardian :
5.	When was he/she last vaccinated :
6.	When was he/she last inoculated for :
	TABC:
	BCG:
	MMR:
	Triple Antigen:
	Hepatities – B Vaccine:
	Tetanus:
	Chicken pax Vaccine:
7.	Height of child :Weight :
8.	Is his/her vision normal ?
9.	Is his/she free from infectious diseases :
10	. Is the condition of his/her heart normal ?
11	. Has he/she any physical deformity ?
12	. What is the general condition of his/her health ?
13	. Has the child any illness like Epilepsy, Sleep walking etc. :
14	. Any other remarks :
15	Blood Group :
Т	Oate :
	Signature of Doctor
	Name:
	Registered No. :
	Address:

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GUIDELINES FOR AUTO DEBIT OF FEES

This parents are requested to fill in the enclosed Mandate Form (in triplicate). This <u>must</u> be accompanied by an original cancelled cheque, to be submitted in Central Accounts Office.

A. Not to be filled in by the Parents:

- (a) UMRN
- (b) DATE
- (c) Sponsor Bank Code
- (d) Utility Code
- (e) Ref. ID
- (f) Period
- (g) Frequency
- (h) Debit Type
- (i) Rupees

B. To be filled in by the Parents:

(a)	With Bank	Name of the Bank
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(b) Bank A/c No. Parents Bank Account No.

(c) IFSC Code(d) MICR No.Above mentioned Bank IFSC Code9 Digit Nos. Printed in cheque leaf

(e) Client ID Student Roll No. (Regn. No)

(f) Phone No. Parents Mobile No. (For SMS Activation)

(g) Email ID Parents Email Id (For Fees & Other information)

C. Company Rubber Stamp is required for all Current Accounts and HUF Accounts.

For any clarification, Please contact the Front Office

E-Mail: <u>lshs1977@gmail.com</u>

Phone No.: 033-3558-6745/30

Instagram: https://www.instagram.com/littlestarhighschoolofficial/

Facebook: https://www.facebook.com/littlestarhighschool

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IDENTITY CARD PROFORMA

NAME (IN CAPITAL);

ADDRESS:

CONTACT Nos:...../.....

Passport size photograph	CLASS :
	DATE OF BIRTH: BLOOD GROUP. (As it Appears In The School Records)
	PARENTS / GUARDIAN'S NAME :