

Serial No.:

# LYCÉE

(Affiliated to the council for the Indian School Certificate Examination, New Delhi)  
10/1, HINDUSTHAN ROAD  
KOLKATA 700 029  
Phone: 4006 1247 / 4001 1874



## ADMISSION FORM

(Form to be filled in BLOCK LETTERS)

1 The class in which the student seeks admission:

2 Name of the student:

3 Date of Birth:(dd-mm-yyyy format)  -  -   
(A photo copy of the birth certificate must be attached with this application form.)

4 Father's Name:   
Address:   
City:  Pin:   
Phone:  Mobile:   
Education:  Occupation:   
Designation:  Email I.D.:   
Office Name:   
Office Address:   
City:  Pin:   
Phone:  Mobile:   
(If occupation is business please mention the nature of business)

5 Mother's Name:   
Address:   
City:  Pin:   
Phone:  Mobile:   
Education:  Occupation:   
Designation:  Email I.D.:   
Office Name:   
Office Address:   
City:  Pin:   
Phone:  Mobile:   
(If occupation is business please mention the nature of business)

6 Guardian's Name (if other than the parents):   
Education:  Occupation:   
Designation:  Email I.D.:   
Office Address:   
City:  Pin:   
Phone:  Mobile:   
A letter of authority from the legal guardian must be provided in appointing a local guardian.

7 Permanent Address of the ward:

8 No. of Siblings:  Any of the siblings studying in this school:(Yes/No)  
If 'Yes' mention the class in which they are studying:  1  2  3

9 Name, Address & Telephone No. of the person to be contacted in emergency:  
Name:   
Address:   
Phone:  Mobile:

10 Details of Ailment/Disease if any the child is suffering from:   
Blood Group:

11 Name of the school last attended:   
Year of joining the previous school:  Year of leaving the previous school:   
Reason for leaving the school:

12 Two passport size photographs must be attached with this form:

I solemnly declare that the above particulars are true and correct.

Date:  -  -

Signature of Father / Guardian

Remarks:

Principal