The Lawrence School Sanawar (Distt. Solan)

Information Record Form

(New Admission)

[To be filled in by parent/legal guardian in dublicate]

		[10 be fined in by parentilegal guardian in duplicate]		
1.	full mide Kind spell	de of the child g admitted (with name (forename, dle name and surname). dly ensure the correct ling i.e. as recorded ne previous School) Master/Miss	Passport Size Photograph of the child	
2.	Aad	haar Card No. of the child (Attach Photocopy)	4	
		ails of Father of the child:		
	(-)		(with 4 spare copies)	
	(a)	Name (with Surname & correct spening)		
	(b)	Son of		
	(c)	Date of Birth		
	(d)	PAN No (Attach Photocopy)		
	(e)	Occupation/Profession \		
		Office/Business address \		
	(f)	Father's permanent		
	(f)	address (with tel./ \		
		mobile No. at residence)		
	(g)	Email Id*		
	(h)	Bank A/c details of father :		
4.	Deta	ils of Mother of the child:		
	(a)	Name		
	(b)	Daughter of/wife of		
	(c)	Date of Birth		
	(d)	PAN No (Attach Photocopy)		
	(e)	Housemaker or Occupation/Profession with designation, Office/Business address and Tel./mobile No.		
		and renamble real	1. 1. 1.	
	(f)	Mother's permanent		
		address (with tel./ } mobile No. residence)	· 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	
	(g)	Email Id*		
	(h) Bank A/c detail of Mother:			
5.	O.S	Father/Mother b., please mention ch and House(s)		
6.		nt Photograph of		
		ents. h 2 spare copies)		
	lliwj	L 2 spare copies)	1 2 -	

7. Brother(s)/Sister(s) studied or studying

		*** ***		
8.	Parent's address for			
	correspondence (with telephone/mobile No.			
	off. & residence)	City District		
		State		
- 2				
9.	E-mail Id*			
10.	Caste :- Gen/SC/ST/C	DBC		
	(If do not belong to	General Category, please attach the Caste Certificat		
	issued by the Compete	nt authority of respective area.		
	11. Belong to Minority Section: Yes/No			
12.	Name(s) & address(es)	1		
	of local guardians with			
	tel./mobile No(s). (No member of Staff is			
	permitted to be a Local			
	guardian)	2		
	Mobile/Telephone No.			
	email address/needs The Local Guardian:			
13.	Any special disability			
	is suffering	* the sale that are any first are are the first for the first first and the first first first first for the first		
14.	Any specific Information about the Family/			
	Parents' concerning			
	the child			
15.	The Legal Guardian is	PROPERTY AND		
	200 200 Guardian 15	Control of the contro		
		and the second second second in the second s		
		DECLARATION		
	We have read the rule	s and regulations of the school, as provided to me which		
are	subject to change withou	ut notice, and we agree to abide by them at all times.		
	We also certify that t	he above given information is correct.		
Sig	gnature of the Father & M	fother/)		
leg	al guardian responsible			
for	filling this form			
)		
Fu	ll name and address of			
Fa	ther & Mother/legal Gua	rdian }		
		J STATE		
	NAME AND DAME TO PERSON ASSOCIATION			
Da	ite			
	19 322 102 353 - 3			
	Se businesses enteres to state a con vario	and the contraction of the first of the contract of the contra		
No	te - * Under normal circu	metances the correspondence address and Empilid aires		

Note:-* Under normal circumstances the correspondence address and Email id given in this form shall not be changed. However request for change shall only be entertained if made in writing under the signatures of the Legal guardian. Any message sent by School on the given email id shall be treated as conveyed to parents.