



# LIEVENS ACADEMY

**Kutmu, Lohardaga, Jharkhand**

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

Ph. 9431118447, 9661729966

## Registration Form

*(To be filled in Capital Letters)*

Affix Passport Size photo of the student

Name of Student : .....

Date of Birth : .....

In Words : .....

*(Birth certificate to be attached. Once entered cannot be changed subsequently)*

Religion: Christian/ R.C/ Others (Specify): ..... Caste: .....

Fathers' Name : .....

Mothers' Name : .....

Present complete postal address (Residence): .....

.....

.....

Occupation/Designation: .....

Phone No: Residence : ..... Office: .....

Class to which Admission is sought: .....

Previous School attended if any: .....

Class.....

Date: .....

Signature of Parent/Guardian

(Please submit the following documents together with the duly filled up Registration form)

- i) One passport size photo of the child
- ii) One passport size combined photo of the child with parents
- iii) Birth Certificate
- iv) Photo copy of Aadhar Card
- v) Certificate of Blood Group
- vi) T.C of the previous school attended- to be submitted at the time of admission

*(To be Filled by the School Office)*

Reg. No: \_\_\_\_\_

LIEVENS' SCHOOL OF EXCELLENCE

NAME: ..... CLASS.....

Date of Test/Interview:.....Time:.....

***This Slip to be presented on the day of test***

Date: .....

Principal

***\*Kindly submit the Registration form at the office with relevant documents.***