



Loreto Convent

Convent Road, Darjeeling, Pin - 734101

General Instructions:

- 1) This registration is compulsory for all the students.
- 2) Please fill the form in **CAPITAL LETTERS**.
- 3) Please furnish correct and clear information.
- 4) Put cross (x) against the field which is not applicable to you.
- 5) Please fill the personal details same as in the admission form.

Photograph
(in school uniform)

STUDENT'S DETAILS

First Name			Middle Name			Last Name		
Class			Sec			Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Date of Admission	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Admission Number	<input type="text"/>							
Religion	<input type="checkbox"/> HINDU	<input type="checkbox"/> MUSLIM	<input type="checkbox"/> SIKH	<input type="checkbox"/> CHRISTIAN	<input type="checkbox"/> CATHOLIC	<input type="checkbox"/> JAIN	<input type="checkbox"/> BUDDHIST OTHERS _____	
Caste	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> GENERAL	Nationality _____			
Sibling	Yes/No	1) Sibling's Name _____		Class/Sec	_____	Adm. No	_____	
		2) Sibling's Name _____		Class/Sec	_____	Adm. No	_____	
Student Mobile No.	<input type="text"/>				Address	<input type="text"/>		
(If any)								
Student Email ID	_____							
(If any)								

IN CASE OF EMERGENCY

Contact Person	_____	Address	<input type="text"/>
Relation	_____		
Phone	_____		

FATHER'S DETAILS

First Name			Middle Name			Last Name		
Residential Address:	<input type="text"/>				Office/Company/Workplace Address:	<input type="text"/>		
Date of Birth:	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Email ID :	_____				Mobile No. :	<input type="text"/>		
Designation:	_____		Annual Income	_____				

MOTHER'S DETAILS

First Name			Middle Name			Last Name		
Residential Address:	<input type="text"/>				Office/Company/Workplace Address:	<input type="text"/>		
Date of Birth:	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Email ID :	_____				Mobile No. :	<input type="text"/>		
Designation:	_____		Annual Income	_____				

SMS SERVICE DETAILS

Contact Person Name	_____		Contact Email	_____		
Contact Person Mobile No.	<input type="text"/>					
Note: Mobile number, on which you wish to receive your child's update through SMS						

I, the undersigned, agree and give my consent to receive SMS from my ward's school regarding his/her performance/attendance/discipline.

Parent's Signature _____

Name _____