LITTLE STARS HIGH SCHOOL

ESTD. 1993 · CO-EDUCATIONAL · ENGLISH MEDIUM · ICSE CURRICULUM

Address: 61C, Elliot Road, Between Mukhtar Tower & Ibrah Banquet, Park Street, Kolkata, West Bengal 700016
Phone: 091230 60092 | **Email:** info@littlestarsschool.in | **Website:** littlestarsschool.in

APPLICATION FOR ADMISSION

Please complete all sections in BLOCK LETTERS using black or blue ink. Fields marked * are mandatory.

ACADEMIC SESSION * ☐☐☐☐ – ☐☐☐☐

DATE OF APPLICATION * ☐☐ / ☐☐ / ☐☐☐☐

CLASS APPLYING FOR *

☐ Playgroup ☐ Nursery ☐ KG ☐ Class I ☐ Class II ☐ Class III ☐ Class IV
☐ Class V ☐ Class VI ☐ Class VII ☐ Class VIII ☐ Class IX ☐ Class XI

AFFIX RECENT PASSPORT-SIZE PHOTOGRAPH OF THE STUDENT
(Paste only — do not staple)
35 mm × 45 mm

ADMISSION NO. (office use)

FORM SR. NO. (office use)

A | STUDENT INFORMATION

names exactly as recorded on the Birth Certificate

FULL NAME OF STUDENT *

GENDER * ☐ Male ☐ Female ☐ Other

DATE OF BIRTH * ☐☐ / ☐☐ / ☐☐☐☐

AGE (31 Mar)

BLOOD GROUP

PLACE OF BIRTH

NATIONALITY

RELIGION

MOTHER TONGUE

SECOND LANGUAGE OPTED

AADHAAR NUMBER OF STUDENT ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

NAME & ADDRESS OF PREVIOUS SCHOOL (if any)

LAST CLASS ATTENDED / PASSED

BOARD / MEDIUM OF PREVIOUS SCHOOL

REASON FOR LEAVING PREVIOUS SCHOOL

B | PARENT / GUARDIAN DETAILS

complete the Guardian column only if applicable

PARTICULARS	FATHER *	MOTHER *	GUARDIAN (if applicable)
Full Name			
Relationship to Student			
Educational Qualification			
Occupation / Designation			
Organisation / Employer			
Mobile Number			
Email Address			
Annual Income (₹)			

C | RESIDENTIAL ADDRESS

PERMANENT ADDRESS (House / Flat No., Street, Locality, Landmark)

LANDLINE / ALT. NO.

CITY / TOWN

DISTRICT

STATE

PIN CODE ☐☐☐☐☐☐

CORRESPONDENCE ADDRESS (only if different from the permanent address above)

D | EMERGENCY CONTACT DETAILS

person to be contacted if the parents are unavailable

NAME OF CONTACT PERSON *

RELATIONSHIP TO STUDENT *

ADDRESS OF CONTACT PERSON

MOBILE NUMBER *

ALTERNATE CONTACT NUMBER

NEAREST LANDMARK

E | SIBLING INFORMATION

list brothers and sisters, if any

#	NAME OF SIBLING	AGE	CLASS & SECTION	SCHOOL / INSTITUTION ATTENDED	STUDYING AT LITTLE STARS?
1					☐ Yes ☐ No
2					☐ Yes ☐ No

F | MEDICAL INFORMATION

please disclose fully — this information is kept strictly confidential

KNOWN ALLERGIES (food / medicine / other)

CHRONIC ILLNESS / MEDICAL CONDITION

REGULAR MEDICATION (name & dosage)

SUPPORT REQUIRED (learning / physical)

FAMILY DOCTOR / PHYSICIAN

DOCTOR'S CONTACT NUMBER

IMMUNISATION UP TO DATE?

☐ Yes ☐ No

G | TRANSPORT REQUIREMENT

MODE OF TRANSPORT *

☐ School Transport ☐ Own Arrangement

PREFERRED PICK-UP / DROP POINT

DISTANCE (km)

ROUTE NO. (office)

H | DOCUMENTS CHECKLIST

attach self-attested photocopies; please bring originals for verification

- ☐ Birth Certificate (Municipal Corporation)
- ☐ Transfer Certificate from previous school
- ☐ Latest Report Card / Progress Report
- ☐ Aadhaar Card of the student
- ☐ Aadhaar Card of both parents
- ☐ 4 passport-size photographs of the student
- ☐ 2 passport-size photographs of each parent
- ☐ Residential address proof
- ☐ Immunisation / Medical record
- ☐ Blood group report
- ☐ Caste certificate (if applicable)
- ☐ Photo ID proof of parent / guardian

I | PARENT / GUARDIAN DECLARATION

I declare that the information given in this application is true, complete and correct to the best of my knowledge and belief. I understand that any false statement or suppression of facts may lead to the cancellation of admission at any stage without refund of fees. I have read and accept the **School Rules, Code of Conduct and Fee Policy** of Little Stars High School and undertake that my ward and I shall abide by them and by any amendments made from time to time. I agree to pay all fees and dues on or before the prescribed dates and to inform the School promptly of any change in address, contact number or medical condition. I consent to the School administering first aid or arranging emergency medical treatment for my ward should the need arise and I am not immediately contactable. I understand that submission of this form does not by itself guarantee admission, and that the decision of the School Management shall be final and binding.

PLACE

DATE

NAME OF PERSON SIGNING (block letters)

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

SIGNATURE OF GUARDIAN (if applicable)

FOR OFFICE USE ONLY

not to be filled in by the applicant

APPLICATION RECEIVED BY

INTERACTION / ASSESSMENT DATE

ADMISSION APPROVED BY

ADMISSION DATE

ADMISSION NO. ALLOTTED

CLASS & SECTION ALLOTTED

ROLL NO.

RECEIPT NO. & DATE

FEE DETAILS

ADMISSION FEE (₹)	DEVELOPMENT FEE (₹)	SESSION / TERM CHARGE (₹)	MONTHLY TUITION FEE (₹)	TRANSPORT FEE (₹)	TOTAL RECEIVED (₹)

MODE OF PAYMENT

☐ Cash ☐ Cheque / DD ☐ UPI ☐ Bank Transfer

REMARKS

SIGNATURE OF PRINCIPAL / DIRECTOR

School Seal