



LOVELY PUBLIC ENGLISH SCHOOL

(GOVT. RECOGNISED)

A-100 Yojna Vihar Nr. Yamuna Sports Club Delhi-110092

Ph: 01143600686, 80769 01506 Website: www.lpsyv.in Email id: lpsojnavihar@gmail.com



REGISTRATION FORM (2026-27)

Registration No: _____ Registration Date: _____ Registration for class _____

PERSONAL DATA OF THE STUDENT

Fill in CAPITAL LETTERS WHEREVER BOXES ARE PROVIDED. MARK YOUR CHOICES WITH A TICK ☒
(Incomplete form will not be accepted.)

Name (Master/Miss)

N	A	M	E	O	F	S	T	U	D	E	N	T
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(As appear in official school certificates)

S	U	R	N	A	M	E
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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(As per the Birth Certificate issued by M.C.D.)

In words

Sex : M ☐ F ☐ Age as on 31st March 2026 Year _____ Month _____ Days _____

Nationality Religion Minority : Yes ☐ No ☐ Mother Tongue

Name & PEN of school last attended

Residential / Correspondence Address

Father's No.: Mother's No.:

Permanent Address

Father's Aadhar No.: Mother's Aadhar No.: PEN No.:

Approximate distance of residence from the school ☐ 0-1Km ☐ 1.1-3Km ☐ 3.1-5Km ☐ More than 5Km

ALUMNI : YES ☐ NO ☐ (Attach attested photocopy of the passing certificate/result of Class XII of the parent)

SIBLING INFORMATION (not cousins) studying in L.P.S. ☐ BRANCH _____

Name of Brothers/Sisters	Age	Class	Adm. No.	Academic Result of Previous class	Fee Verification

* Attach minority certificate please.

* Academic result and fee of the sibling verified from the fee counter

ACKNOWLEDGEMENT

Received the registration form and other supporting documents from

In respect of Master / Miss

For registration to class of the school for the academic session

Received on Time

Please affix
passport size
photograph of
Father

INFORMATION ABOUT PARENTS

Please affix
passport size
photograph of
Mother

Father's Name Mother's Name

Father's Profession / Business Mother's Profession / Business

Nature of business/Profession (Father) (Mother)

* Please specify your job clearly

Working at present job since (Father) (Mother)

Office address (Father) (Mother)

* Office address should be accurate and complete.

Office Correspondence Tele. Nos. (Father) (Mother)

* Annual Income (Father) (Mother)

* Qualification (Father) (Mother)

Are you a single parent

Yes ☐

No ☐

Parents with sports background
(Nationality / State Level Only)

Yes ☐

No ☐

Father
Mother

Yes ☐

No ☐

Yes ☐

No ☐

If yes, then give details

YOUR ATTENTION PLEASE

CERTIFICATE REQUIRED at the time of registration (ATTESTED)

(Without which the application of admission will not be accepted)

1. Birth Certificate with the name of the child

2. Medical Certificate (If prone to any problem)

3. Aadhar Card of the Child (2 Copy)

4. Proof of Residence

(for Schedule Castes/Schedule Tribes / other Backward Community and Income Certificate)

PLEASE NOTE : Staple all documents to the top left hand corner of the application. All documents are compulsory.

UNDERTAKING

I, hereby declare that I am the bonafied Parent / Guardian of the student and the information furnished above is correct to the best of my knowledge. I will abide by the school rules and procedures in all respects. Admission of my child can be cancelled if any information is found to be false or incorrect.

Date :

.....
Father's Signature

.....
Mother's Signature

.....
Guardian's Signature

Note :

1. Filling of this form does not establish any claim for admission of the child.

2. Kindly produce this registration slip at the time of admission.

3. Please attach all supporting documents with your form.

4. Please fill the questionnaire to know you better.

5. Form will be considered incomplete, if required documents are not attached.

.....
Signature

* These particulars do not carry any points. Information is only for School record.