LORETO CONVENT SHILLONG

Lachumiere, Shillong, Meghalaya-793003

Photograph
(in school uniform)

General Instructions:

1) This registration is compulsory for all the students.
2) Please fill the form in **CAPITAL LETTERS.**
3) Please ensure that the details given are correct as given in the admission form.

STUDENT'S DETAILS

First Name_____ Middle Name_____ Last Name_____

Class_____ Sec _____

Date of Birth_____ DD_____ MM_____ YYY _____

Date of Admission_____ DD_____ MM_____ YYY _____

Religion: Catholic_____ Christian _____ Hindu _____ Muslim_____ Sikh_____ Others_____

Caste: SC_____ ST _____ OBC _____ General_____ OTHERS _____

Sibling(s) studying in Loreto Convent

Name_____ Class/Sec_____ Adm. No _____

Name_____ Class/Sec_____ Adm. No _____

Name_____ Class/Sec_____ Adm. No _____

Home Address _____

_____

FATHER'S DETAILS

First Name_____ Middle Name_____ Last Name _____

Residential Address_____

Office/Company/Workplace Address_____

Date of Birth: DD_____ MM_____ YYY_____ Profession_____

Email ID:_____ **Mobile No:** _____

Designation (Specify)_____

MOTHER'S DETAILS

First Name_____ Middle Name_____ Last Name _____

Residential Address_____

Office/Company/Workplace Address_____

Date of Birth: DD_____ MM_____ YYY_____ Profession_____

Email ID:_____ **Mobile No:** _____

Designation (Specify)_____

MEDICAL DETAILS

Blood Group_____ Height(cm)_____ Weight (kg)_____

Allergy/Medical Description (if any)_____ Doctor's Address (if any)_____

Suffering From Any Chronic Disease (Y/N). If Yes, please give details _____

SMS SERVICE DETAILS (Please mention correct details to receive information on given contact number)

Note: Mobile number on which you wish to receive your child's update through SMS

Contact Person's Name_____ Email ID _____

Contact Person's Mobile No: _____

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

Note: Kindly return this form duly filled within 2 working days from the date of distribution.

Parent's Signature_____

Name_____