



LORETO CONVENT SHILLONG

Lachumiere, Shillong, Meghalaya-793003

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.

Photograph
(in school uniform)

STUDENT'S DETAILS

First Name _____ Middle Name _____ Last Name _____
Class _____ Sec _____
Date of Birth _____ DD _____ MM _____ YYYY _____
Date of Admission _____ DD _____ MM _____ YYYY _____
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 _____ YYYY _____ Profession _____
Email ID: _____ Mobile No: _____
Designation (Specify) _____ Annual Income: _____

MOTHER'S DETAILS

First Name _____ Middle Name _____ Last Name _____
Residential Address _____
Office/Company/Workplace Address _____
Date of Birth: DD _____ MM _____ YYYY _____ Profession _____
Email ID: _____ Mobile No: _____
Designation (Specify) _____ Annual Income: _____

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 _____