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LEARNING PLUS	FORM NO.:
H1/149, VIKAS PURI, NEW DELHI -18	LPA/25-26/
ADMISSION FORM (Session: 2025	
FOR OFFICE USEAffix Coloured Photograph of MOTHERAffix Coloured Photograph of FATHERAffix Coloured Photograph of GUARDIAN (If Applicable)	Affix Coloured Photograph of STUDENT
KINDLY FILL IN THE FORM IN CAPITAL LETTERS, ALL FIELDS ARE	MANDATORY
1. Student's Name ^{*1} :	
(First Name) (Middle Name) 2. Seeking Admission in Class: 3. Aadhaar No ^{*2(a)} .:	
4. Date of Birth ^{*1} : ////////////////////////////////////	
5. Date of Birth (In Words):	
6. Age as on 31 st March: Years Month(s) Day(s)	
7. Gender: Male Female Transgender 8. Nationality (Indian	1/0ther):
9. Category ^{*12} : General SC ST OBC	
10. Religion: Hindu Muslim Sikh Jain Buddhist Christia	an Parsi
11. Present Address ^{*4} :	
12. Permanent Home Address:	
13. Details of Guardian (if any): Name: Relation with t	he Child:
Address:Mobile	No.:
14. Is Adopted Child ^{*15} (Y/N): 15. Is child PWD (Person with Disabil	ity) * ¹⁶ (Y/N):
16. Are you a single Parent? If Yes (Tick the appropriate): Father Mot	ther
17. Is School Transport Facility Required :(Y/N) Bus Stop No.: Bu	ıs Stop:
18. Distance from Residence to School*5: (in K.M., To meet di compulsory to submit the printout from Google map (<i>https://maps.google.co.in</i>), between parent's residence and main gate of the school)	· · · · · · · · · · · · · · · · · · ·

19. Name & Class of the Real Brother/Sister(Sibling) studying in this School*17(if applicable):

S. No.	ADMISSION NO.	NAME	CLASS
1			
2			

20. PARTICULARS	FATHER	MOTHER
Name*1		
Academic Qualification*11		
Occupation (Service/Business)		
If Business (Nature of Business)		
If Service (Name of Office & Designation)		
Office Address		
Annual Income ^{*10}		
Is the job transferable?		
PAN No.		
Aadhaar No. ^{*2(b,c)}		
Mobile No.		
Mob. No. for SMS Alert		
Email Id		

21. Academic Record of the Last School & Class Studied (if applicable):

Name & Address of Prev. School	Last Class	Subjects	Marks (Obtained/ Total)	%

22. Medical Report of the Student:

- 3. Surgery undergone (if any), specify:
- 4. Mention Disease (Epilepsy/Diabetic/Asthmatic/Any Other) / Allergy (if any) the child is suffering from for which the child requires special medication/attention:

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5. Exemption required (if any), with Doctor's Advice/ Certificate:

DECLARATION

We/I hereby indemnify the school against all liabilities whatsoever from loss, accident or injury to my ward at school during travel to and from the school and any activity or program organized by the school. We/I undertake not to claim for the refund of admission fee and other charges after the deposit of the same with the school even if the ward is withdrawn from the school due to any eventuality.

We/I have verified the information provided above and certify it to be true and correct. Nothing has been concealed in it. In case any statement given above in form is found to be incorrect or false, the School authorities are at liberty to take any action as deemed fit. The school can use the information for its record purposes. We/I promise to abide by the rules and regulations enforced by the School from time to time. **As on/20..... Signatures of**

Father	Mother	Legal Guardian

Please enclose the following documents with the Admission Form:

S. No.	se enclose the following documer PARTICUL		СН	ECKLIST FOR ARENTS		FOR OFFICE USE ONLY	
1	Birth Certificate issued by MCD/Compete	nt Authority					
		(a) Child					
2	Aadhaar Card/UID Card of:	(b) Father					
2		(c) Mother					
		(d) Guardian (if Applicable)					
3	Three Photos of Child						
4	Residence Proof [Ration Card/Smart Card (Mother/Father having name of the child)]/D or her parents /Voter I-Card (EPIC) of ar MTNL Telephone Bill/ Water Bill/Passport name of any of the parent	Domicile Certificate of child or his ny of the parents/Electricity Bill/					
5	Proof of Distance: (Printout from Google n distance between parent's residence and the ma						
6	School Medical Fitness Certificate of C	Child (from competent authority)					
7	School Leaving Certificate of the Last Sch applicable)	ool attended (Original, if					
8	Progress Report of last class studied of the	Last School attended (if applicable)					
9	Three photos each of the Father & Mother		F:	M:	F:	M:	
10	Certificate of Annual Income of Parent		F:	M:	F:	M:	
11	Highest Qualification Certificate of Parent		F:	M:	F:	M:	
12	Student's Caste Certificate of SC/ST/OBC	(if applicable)					
13	Minority Certificate: Sikh/ Muslim/ Christia	n/Buddhist/Jain/Parsi (if applicable)					
14	Copy of Transfer Letter (if applicable)						
15	Certificate of Adopted Child (if applicable)					
16	Certificate of PWD (Person with Disability	y) (if applicable)					
17	Proof of Sibling: Photocopy of School ID	/ Fee Slip (if applicable)					
18	Three photos of Guardian (if applicable)						

Kindly Note that:

- This form does not entitle any child to admission.
- The presence of the student is a must at the time of admission.
- The admission process will not be initiated in the absence of any of the documents mentioned above.
- Any wrong information given above or concealment of relevant information will automatically debar the child from the admission process.

(FOR OFFICE USE ONLY)	Date:/202
Provisional Registration No.:	Observed the Child Personally
Remarks	>>

S. No.		Total Points	Range of Points	Put a tick mark (☑) At Appropriate place.	FOR OFFICE USE		
	Criteria				Tick ☑	Points	
		0-2 K.M.		80			
1.	Neighbourhood	>2-4 K.M.	80	75			
		>4 K.M.		70			
2.	Sibling (Real Bro studying in Learr		10	10			
3.	Staff Ward		10	10			
		Total	100	100			

DECLARATION

Certify that the information given above is true and correct.

Father	Mother	Legal Guardian
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<u>ADMISSION CRITERIA</u>: It is mandatory to attach the relevant proofs of the Criteria.

S.	Criteria	Total	Range	Put a tick mark (☑) At Appropriate place.	FOR OFFICE USE		
No.	Cri	teria	Points of Points		Tick ☑	Points	
		0-2 K.M.		80			
1.	Neighbourhood	>2-4 K.M.	80	75			
		>4 K.M.		70			
2.	2. Sibling (Real Brother/Sister studying in Learning Plus)*		10	10			
3.	Staff Ward		10	10			
	•	Total	100	100			

DECLARATION

Certify that the information given above is true and correct.

Father

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