



LABURNUM PUBLIC SCHOOL, BHONDSI, SOHNA ROAD, GURUGRAM

ONLINE REGISTRATION FORM

SESSION:	<input type="text" value="20__-20__"/>	CLASS FOR ADMISSION:	<input type="text"/>
Name of the Child:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Age of the Child (as on 31 st March) :	<input type="text"/> Years <input type="text"/> Months
Nationality:	<input type="text"/>	Gender:	Male <input type="text"/> Female <input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		

DETAILS OF THE PARENT

DETAILS OF THE PARENT			
Father's Name:			
Occupation & Designation:			
Office Name and Address:			
<input type="text"/>			
Email Id:			
Contact No.	Mobile:	Landline :	Office (with ext no if any):
Mother's Name:			
Occupation & Designation:			
Office Name and Address:			
<input type="text"/>			
Email Id:			
Contact No.	Mobile:	Landline :	Office (with ext no if any):

Form deposited by (Name) :
Relationship with the child:
Date of form deposited:

NOTE:

Kindly mail the filled form on laburnumpublicschool@gmail.com or submit the duly filled form at the School Reception between 8:30 AM to 3:30 PM on any working day.