



LALA CENTRAL SCHOOL, HAILAKANDI

(Dhanipur, Near NH 154 Bypass, Lala, Hailakandi, Assam)

A Wing of R. D. Foundation



Admission Form

Session-2026-27

Affix recent
Passport
size Color
Photograph

(Use CAPITAL letter only)

Date of Admission : ____ (DD) ____ (MM) ____ (YYYY) Enrollment No: _____

(For Office Use Only)

Admission Sought in: (Put a Tick mark)

BAL VATIKA I BAL VATIKA II BAL VATIKA III Class I Class II Class III
 Class IV Class V Class VI Class VII Class VIII

State Whether Transportation is Required : Yes No

(Transportation facility does not function under the school management, it functions separately)

If Yes, mention the distance from Home to School : _____

First Name _____ Middle Name _____ Surname _____

Sex : Male Female, Nationality : _____ Blood Group: _____

Date of Birth: ____ (DD) ____ (MM) ____ (YYYY) Age : ____ Years ____ Months ____ Days

Identification Mark (If Any): _____

Residential Address : _____

Landmark : _____

State : _____ Pin Code: _____

Language Spoken at Home : English Hindi Bengali Manipuri Others

Father's Name: _____

Educational Qualifications : HSLC H.S Graduate Post Graduate

Occupation : Service Business Public Service Others

Name of the Organization: _____

Telephone Number : 1. _____ 2. _____

(Mobile) Contact through SMS Phone

Email Address : _____

Mother's Name : _____

Educational Qualifications : HSLC H.S Graduate Post Graduate

Occupation : Service Business Public Service Others

Telephone Number : 1. _____ 2. _____

(Mobile) Contact through SMS Phone

Email Address : _____

Affix recent
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Passport
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Photograph

Mother's Name & Signature

Father's Name & Signature



LALA CENTRAL SCHOOL

Elaborate Your Child Information

☞ Previous Schooling : Yes No If yes, Please Specify _____

☞ Is your child trained for toilet? : Yes No

☞ How many brothers and sisters does your child have?

Sisters (Mention name & Age) : 1. _____ 2. _____

: 3. _____ 4. _____

Brothers (Mention name & Age) : 1. _____ 2. _____

: 3. _____ 4. _____

☞ Has any other siblings attended LCS ? Yes No

History of Past Illness :

➤ Specific ailments suffered in the past : _____

➤ Surgery undergone (If Any) : _____

➤ Allergy (If Any) : _____

➤ Does your child suffers from any phobia? (If Any) : _____

➤ Is the child presently on any regular medication? _____

➤ Any special request (?) : _____

Acknowledgement from the parents/guardians- All the above mentioned information and details are true to the best of my knowledge. I am also aware of the school Rules and Guidelines and I agree to comply with it at all times.

Mother's Name & Signature

Father's Name & Signature

Admission will be on the basis of the performance in the Test/interview

The fees once paid are non-transferable /non-adjustable and non-refundable under any circumstances.
For more information please contact office in charge -9401957939



LALA CENTRAL SCHOOL, HALLAKANDI

"Quest for Excellence"



NAZMM

ESTD : 2017

DECLARATION AND UNDERTAKING BY THE PARENTS/GUARDIANS

I,.....father/mother/guardian of
.....

admitted in class bearing Roll no., session do
hereby solemnly affirm and

declare:

1. That I have read the school guidelines and agree to abide by the rules.
2. That I agree to fully cooperate in any way possible for the betterment and smooth functioning of the school at all times.
3. That I will abide and not object to the school rule of not allowing entry inside the school campus-
 - When late
 - Without proper uniform
 - Dirty school uniform
4. That I will ensure my ward carries healthy and home prepared tiffin to school. Also, I am aware that to maintain cleanliness of school campus no packeted or plastic wrapped snacks/food items is allowed at school.
5. That the school reserves the right to suspend or expel a child under-
 - Repeated negligence of school rule.
 - Indiscipline, bad code of conduct in the school.
 - If parents/guardians misbehave with any teacher/school staff, it will result in their wards termination from the school.
 - If no improvement/continuously failing or negligence is seen in studies in the Summative Assessment.
6. That I understand the School supervises /monitors students at all times and instructs students to be in their best discipline, avoid unmindful playing, careless running, pushing, fighting etc. The school is not liable to any claim for compensation resulting from any incidents or circumstances from unforeseeable injury as a consequence of not following these instructions.
7. That I shall clear all dues regularly. I am also aware of penalty/ fine to be imposed as a result of late payment and that students with pending dues will be refrained from appearing the exams.
8. That I shall not indulge in any Group Formation to discuss school issues inside or outside the school, instead I will approach the Principal or the School Management Committee regarding it if at all any issue arises or solution is sought.
9. That I will attend all Parent-Teacher meeting organized by the school and take prompt action on all communications made from the school. Parents/ Guardians not attending these meetings will have to comply with any necessary step undertaken by the school.

Signature of the Parent/Guardian
Name -
Contact no. -
Date -