



REGISTRATION / ADMISSION FORM

Register the name of my child for admission to Class _____ in your school.

STUDENT DETAILS / INFORMATION

Name of the child (Block Letters) _____

Date of Birth(Attach copy of birth certificate)

D	D
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M	M
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Y	Y	Y	Y
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Age as on 1st April

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 Years _____ Months _____ Days _____

Last school attended (if any) _____

Nationality _____ Religion _____ Gender Male ☐ Female ☐

Single Girl Child Yes ☐ No ☐ SC / ST / OBC Yes ☐ No ☐

PARENTS / GUARDIAN DETAILS / INFORMATION

	FATHER / GUARDIAN	MOTHER
NAME		
OCCUPATION		
DESIGNATION		
ORGANISATION		
MONTHLY INCOME		
CONTACT NUMBER		
Educational Qualification		

Affix colour
photograph
MOTHER

Affix colour
photograph
FATHER
OR
GUARDIAN

Affix colour
photograph
STUDENT

SESSION

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ISSUE OF REGISTRATION / ADMISSION FORM DOES NOT GUARANTEE ADMISSION

FOR OFFICE USE

Registration No. _____

Date _____

Form No. _____

GENERAL INFORMATION

ADDRESS
PERMANENT

PIN CODE

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PRESENT

PIN CODE

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Special Interest of the child _____

I / We hereby declare that the information given here is correct to the best of my / our knowledge .

Full signature of Mother

Full signature of Father / Guardian

Documents to be submitted if the child qualifies for the admission

1. Copy of birth certificate(Please bring the original for verification)
2. Four photographs (25 cm x 30 cm) of the child
3. Transfer certificate (only from class 1 onward)
4. In case of SC/ST/OBC - a copy of the certificate
5. If the child has any chronic disease - a copy of any relevant documents
6. Admit card issued at the time of submission of admission/ registration form.
7. Declaration/ agreement form .

Cash / Draft Amount of Rs. _____ Draft Payable to "Future Laureates Academy, Barrackpore".

In Words _____ only

FOR OFFICE USE

REMARKS OF THE INTERVIEWER

Rating the child out of ten

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SIGNATURE OF THE INTERVIEWER

DATE

D	D	M	M	Y	Y	Y	Y
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MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Master./Ms.* _____

son/daughter of Shri/Smt _____
whose signature is given below.

Based on the clinical examination, I certify that he/she is in normal state of Health and free from any communicable or non communicable disease/illness or physical defects/infirmity which may interfere with his/her schooling including the active outdoor activities.

The immunization status and records are up-to date as per Universal Immunization Programme (UIP)/ IAP Immunization Schedule

Height Weight Blood Group

Signature of the Parent _____

Place:

Date:

Name & signature of the Medical Officer
with seal and registration number

* Strike whichever is not applicable.

Supplementary Information (if any) _____

(MEDICAL FITNESS CERTIFICATE CAN ALSO BE SUBMITTED ON DOCTOR'S LETTERHEAD)



Mail:future.laureates.academy@gmail.com

Tel: 033 68888543

38, Park Road, Barrackpore, Kolkata 700 120