







Student Registration form

	Student Registration form	Passport photo of participant
Name:		— Duly filled in forms
Father Name:		can be scanned
Mother Name:		and mailed to info@lakshyaschoo
Guardian Name:		I.in
Date of Birth:		Gender: Male or Female
Class studying in :	School Name :	
Mother tongue :	Nationality:	
Father's Occupation:	Mother's Occu	pation:
Did the Participant attend any	summer camp before:	
If yes where did he/she attend	I the camp :	
Residential Address :		
City:		
Country:	Pin Code :	
Phone Number :		mber 1 :
Email :		
Mention skin disorder / allergy	/ disease if any:	
Mention if allergic to any spec	cific thing or food item :	
Mention if suffering from any p	ohysical or mental ailment :	
Mention if mentally inactive / h	hyperactive :	
Mention if suffering from any F	Phobia (fear for any specific thing) :	
X		
27 th April – 11 th May, 2019 Time: 08.20 A.M. to 03.30 P.M	LAKSHYA INTERNATIONAL SCHOOL	Kinderwonder 2019 KIDS
	Acknowledgement	SUMMER CAMP
		Grade:
	Mobile N	Number:
Email Address:	Medical	Caution (if any):
Total Amount to be paid - Nursery to Grade – I is Rs. 5,000/- NEFT / RTGS:		
		NEFT / RTGS: Reference No:
Signature of the Cashier		