Lily Lotus PRE SCHOOL
LITTLE STEPS, BIG DREAMS.
+91 97373 79709
Shop No 14-15, Sapan City Flats, Near Shivdhara flats, Becharaji, 384210. Gujarat
lilylotusbecharaji@Gmail.com

Sr. No: _____

# Admission Form : (Academic Year 2026 - 2027)

**1. Student Details:**

Photo

Full Name: _____

Date of Birth: ____ / ____ / _____ (DD/MM/YYYY)

Gender: [ ] Male [ ] Female r

**Class Applied For (Please Tick):**

- ☐ Toddler Group
- ☐ Nursery
- ☐ Junior KG
- ☐ Senior KG

Mother Tongue: _____ Nationality: _____

Blood Group: _____

**2. Parent/Guardian Information:**

Father's Name: _____ Phone: _____

Occupation: ☐ Service ☐ Business

Mother's Name: _____ Phone: _____

Occupation: ☐ Service ☐ Business ☐ Homemaker

Residential Address:

_____

_____ PIN: _____

Emergency Contact Person: _____ Phone: _____

**3. Medical Information:**

Allergies/Medical Conditions (if any): _____

Family Doctor Name: _____ Phone: _____

**4. Documents Required (Attach Copies)**

1) Child's Birth Certificate (Mandatory)
2) Two Passport Size Photographs of the Child
3) 1 Photograph each of Mother & Father
4) Address Proof (Aadhar Card/Light Bill)
5) Previous School Report/TC (For Junior/Senior KG)

**5. Declaration:**

I hereby declare that the information provided is true to the best of my knowledge. I agree to abide by the rules and regulations of Lilylotus Pre School, Becharaji.

Date: ____ / ____ / _____

Parent/Guardian Signature: _____