



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:

Full Name: _____

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

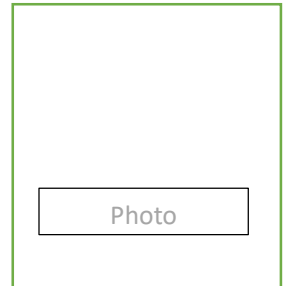
Gender: [] Male [] Female

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: _____