



# LALAJI MEMORIAL OMEGA INTERNATIONAL SCHOOL

**Name of the student:**

**Class:**

**ID Number:**

**Date of birth:**

Sport of choice: *(Tick any one only)*

Cricket

Football

Track & Field

Basketball

Hockey

Chess

Skating

Declaration of any health issues, prescribed medication and general well-being:

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The payment has been made via the School Fee App of amount Rs. \_\_\_\_\_

Name of the Parent / Guardian:

Contact number:

Address:

**Signature of the Parent / Guardian**

**Date:**

**Signature of the student**