



**LAKSHMIPAT SINGHANIA ACADEMY**  
**12B, Alipore Road**  
**Kolkata 700 027**



**Name (Child)** : .....

**Class** : .....

**Section** : .....

**Name of Escort** : .....

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**(Signature of Parent)**

- Identity proof is a must for the escort who will collect the child.

**Lakshmipat Singhania Academy**  
**DECLARATION FORM (for students)**

1.	Name of the student	:	
2.	Class & Section	:	
3.	Admission Number	:	
4.	Age	:	
5.	Parent's / Guardian's Name	:	
6.	Mobile No.	:	
7.	Residential Address	:	
8.	Whether the ward or any family member having covid-19 symptoms or experiencing them: Fever / Dry Cough / Shortness of Breath / Runny Nose / Sore throat	:	
9.	Mode of Transport	:	
10.	If travelling in pooled vehicle / with whom are you sharing the vehicle	:	

I hereby acknowledge and declare that the above information about my ward is correct. I am aware of the measures taken by the school in order to ensure a healthy and hygienic environment for all. I will train my child to strictly adhere to the said guidelines including maintaining social distancing, wearing mask and all other Covid protocols.

Signature of the Parent/Guardian:

Date :