



# Lakshmi Pat Singhania Academy

12-B, ALIPORE ROAD, KOLKATA - 700 027, PHONE : 2479 3600

Mother's  
Photograph

Student's  
Photograph

Father's  
Photograph

## CHILD PROFILE

1. Pupil's Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Boy/Girl \_\_\_\_\_  
Blood Group : \_\_\_\_\_ Session : \_\_\_\_\_ Class: \_\_\_\_\_ Sec: \_\_\_\_\_ Admission No.: \_\_\_\_\_
2. Residential Address : \_\_\_\_\_  
Phone # : \_\_\_\_\_
3. Father's/Guardian's Name : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
Phone : \_\_\_\_\_ email/Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_
4. Mother's Name : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
Phone : \_\_\_\_\_ email/Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

**(Any change in address, phone no. or particulars must be immediately intimated to the school in writing)**

5. Mode of Transport : Own Car \_\_\_ Contract Bus \_\_\_ Public Transport \_\_\_ On Foot \_\_\_ [Please Tick]  
Any other (specify) \_\_\_\_\_
6. Escort [Please Tick] : Mother, Father \_\_\_ Grandparents \_\_\_ Other Relatives \_\_\_ Driver \_\_\_  
Any other (specify) \_\_\_\_\_
7. Family Background : Type of family (Please Tick) Joint \_\_\_ Nuclear \_\_\_
8. Parental Status : Child stays with both Mother & Father \_\_\_  
: In case of separated parents:  
: Mother \_\_\_; Father \_\_\_; Grandfather \_\_\_; Relatives \_\_\_;  
Foster parents (in case of adoption) \_\_\_  
Either parent not alive (Specify) \_\_\_\_\_

9. Academic Status

Father's Qualification : \_\_\_\_\_

Mother's Qualification : \_\_\_\_\_

10. Professional Status

Father or Guardian : Business \_\_\_\_\_ Service \_\_\_\_\_ Others \_\_\_\_\_

a. Name of the Organisation:

b. Designation:

Mother : Business \_\_\_\_\_ Service \_\_\_\_\_ Others \_\_\_\_\_

a. Name of the Organisation:

b. Designation: \_\_\_\_\_

11. Financial Status : Monthly Income:

Mother: Rs. \_\_\_\_\_ per month, Father / Guardian: Rs. \_\_\_\_\_ per month

12. Pupil's interests:

Does the pupil have some Special Ability/Talent, Interest / Hobbies, naturally gifted or otherwise? If so, specify:

\_\_\_\_\_  
\_\_\_\_\_

13. How important is it to know your child's friends? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Medical History of Pupil:

Does the pupil suffer from any major or minor ailments? If so give details:

\_\_\_\_\_  
\_\_\_\_\_

Is the pupil susceptible to any form of allergy or reaction? Specify:

\_\_\_\_\_  
\_\_\_\_\_

Whether there is any known difficulty such as – Dyslexia, Dyscalculia, ADHD, Autism etc.:

\_\_\_\_\_  
\_\_\_\_\_

15. Arrange the following in order that you as a parent believe in:

- a. Academics                      b. Discipline                      c. Emotional Strength

\_\_\_\_\_

16. Which parenting style would you prefer? Give reasons:

a. Democratic

b. Teaching by example

---

---

---

17. In keeping with your professional qualification and personal interest, if you were asked to, how would you help the school with the activities?

Mother: \_\_\_\_\_  
\_\_\_\_\_

Father: \_\_\_\_\_  
\_\_\_\_\_

18. What type of values and special qualities would you like your child to develop through school and home?

School : \_\_\_\_\_

Home : \_\_\_\_\_

Signature of Parent or Guardian

Date

**THIS PORTION TO BE ATTEMPTED BY THE CHILD ONLY [CLASS III & ABOVE]**

**NOTE:** There are no 'Right' and 'Wrong' answers because everyone has the right to his/her own view. For the best results answer truthfully.

19. Mention your two major strengths and two major areas of concern.

STRENGTHS [1] \_\_\_\_\_  
[2] \_\_\_\_\_

AREAS OF CONCERN [1] \_\_\_\_\_  
[2] \_\_\_\_\_

20. Which is the one thing you would like to change in yourself?

---

---

---

---

21. How do you choose your friends?

---

---

---

---

22. How do you know when you are not doing something right? What measures would you take to correct yourself?

---

---

---

---

23. What have you read recently that has inspired you? How?

---

---

---

---

24. How would you contribute to the school?

---

---

---

25. In which order will you place the following:

- a. Obedience      b. Confidence      c. Independence      d. Academic

---

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date