

LOYOLA HIGH SCHOOL, PATNA-800010**ADMISSION NOTICE-2023-2024****LOYOLA MONTESSORI SCHOOL (MONT-II)
ADMISSION IN LOYOLA HIGH SCHOOL CLASS:-I
INTERACTION RESULT****ADMISSION DATE:-22-03-2023 (Wednesday)**

FORM NO.					08:00 A.M. - 09:00 A.M.				
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
FORM NO.					09:00 A.M. - 10:00 A.M.				
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
FORM NO.					10:00 A.M. - 11:00 A.M.				
141	142	143	144	145	146	147	148	150	151
152	153	154	155	156	157	158	159	160	161
FORM NO.					11:00 A.M. - 12:00 NOON				
162	163	164	165	166	167	168	169	170	171
172	173	174	175	176	177	178	179	180	181


20/03/23
Principal

LOYOLA HIGH SCHOOL, PATNA-800010**ADMISSION NOTICE-2023-2024****LOYOLA MONTESSORI SCHOOL (MONT-II)
ADMISSION IN LOYOLA HIGH SCHOOL CLASS:-I
INTERACTION RESULT****ADMISSION DATE:-23-03-2023 (Thursday)**

FORM NO.		08:00 A.M. - 09:00 A.M.							
182	183	184	185	186	187	188	189	190	191
192	193	194	195	196	197	198	199	200	201
FORM NO.		09:00 A.M. - 10:00 A.M.							
202	203	204	205	206	207	209	210	211	212
213	214	215	216	217	218	219	220	221	222
FORM NO.		10:00 A.M. - 11:00 A.M.							
223	224	225	226	227	228	229	230	231	232
233	234	235	236	237	238	239	240	241	242
FORM NO.		11:00 A.M. - 12:00 NOON							
243	244	245	246	247	248	249	250	251	252
253	254	255	256	257	258	259	260	261	262


Principal
20/03/23

LOYOLA HIGH SCHOOL, PATNA-800010**ADMISSION NOTICE-2023-2024****LOYOLA MONTESSORI SCHOOL (MONT-II)
ADMISSION IN LOYOLA HIGH SCHOOL CLASS:-I
INTERACTION RESULT****ADMISSION DATE:-24-03-2023 (Friday)**

FORM NO.					08:00 A.M. - 09:00 A.M.				
263	264	265	266	267	268	269	270	271	272
273	274	275	276	277	278	279	280	281	282
FORM NO.					09:00 A.M. - 10:00 A.M.				
283	284	285	286	287	288	289	290	291	292
293	294	295	296	297	298	299	300	301	302
FORM NO.					10:00 A.M. - 11:00 A.M.				
303	304	305	306	307	308	309	310	311	312
313	314	315	316	317	318	319	320	321	322
FORM NO.					11:00 A.M. - 12:00 NOON				
323	324	325	326	327	328	329	330	331	332
333	334	335	336	337	338	339	340	341	343
344	345	346	347						


Principal

DOCUMENTS REQUIRED AT THE TIME OF ADMISSION: -

- 1) Two Passport size Photographs with parents (Combined)
- 2) Original T.C. (Loyola Montessori School)
- 3) Original Physical Fitness Certificate (Format Attached Below)
- 4) Photocopy of Birth Certificate.
- 5) Photocopy of Blood-Group (Lab).
- 6) Photocopy of Aadhar Card of the student. (If Available).
- 7) One of the Parents (Mother/Father) must be Present at the time of Admission.
- 8) Fee is to be deposited in the Bank of the academic session (April 2023 - March 2024) in **Cash** or **Demand Draft** in favor of Loyola High School, Payable at Patna (South Indian Bank) Loyola High School Campus, Patna.
- 9) School Fee can be paid through **ONLINE MODE** also, the Link will be Available on school website:- **www.loyolapatna.edu.in**.
- 10) Fee is to be paid before the Admission Date (Its One-Time Payment & Non-Refundable).
- 11) **Those Candidates who do not take Admission on the above given dates & time will forfeit their seats.**
- 12) **ORIENTATION DAY :-01-04-2023 (Saturday).**
- 13) Books will be available in the school campus on **08th & 09th APRIL 2023.**
Timing 09:00 a.m. to 02:30 p.m.
- 14) **NEW ACADEMIC SESSION (2023-2024) BEGINS :- 11-04-2023 (Tuesday).**

Note:

Please bring the **Admit Card** to collect the Bank Deposit Slip from the Loyola High School Office (LHS) on **21-03-2023 (Tuesday).**
Timing is from - 09:00 A.M. to 12:00 Noon.


Principal

PHYSICAL FITNESS CERTIFICATE

For THE ADMISSION IN

LOYOLA HIGH SCHOOL, PATNA-800010

(To be examined and certified by a registered Medical Practitioner)

I, Dr.

after careful personal examination of the case do here by certify that

Mr / Miss

..... S/o /

D/o

is found physically fit to undergo formal school education.

Based on the clinical examination, I certify that he /she is in normal state of Health and free from any communicable or non-communicable disease or physical defects/infirmity which may interfere with his/her schooling including the active outdoor activities.

The immunization status and records are up-to date.

His/Her Height : Cm Weight : Kg

Chest : Cm Vision :

.....
Signature of the Medical Practitioner

Office Seal :

Name :

Reg No. :

Designation :

Date :

Place :