



Affix Passport Size Photo

## REGISTRATION FORM

### STUDENT'S PROFILE

Registration No: \_\_\_\_\_

Name (In Capital Letters) : \_\_\_\_\_

Admission Sought for Class: \_\_\_\_\_ Academic Year:

Date of birth :   -   -     Gender: Male  Female

Place of birth : \_\_\_\_\_ Mother Language: \_\_\_\_\_

Nationality : \_\_\_\_\_ Religion: \_\_\_\_\_

Residential Address : \_\_\_\_\_

Pick & Drop Arrangements : Self  School  Pick up Location: \_\_\_\_\_

### PREVIOUS ACADEMIC RECORD

Name of the Previous School & Location	Class	Year of Study	Percentage / Grade

### PARENTS' PROFILE

#### 1. FATHER:

Name : \_\_\_\_\_ Qualification : \_\_\_\_\_

Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_

Mobile No : \_\_\_\_\_ Office No : \_\_\_\_\_

Email Address : \_\_\_\_\_ Monthly Income: \_\_\_\_\_

#### 2. MOTHER

Name : \_\_\_\_\_ Qualification : \_\_\_\_\_

Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_

Mobile No : \_\_\_\_\_ Office No : \_\_\_\_\_

Email Address : \_\_\_\_\_ Monthly Income: \_\_\_\_\_

S.No.	Name of Sibling	Class	Name of School

## APPRAISAL OF YOUR CHILD

Please mention the achievements, if any, of your child in academics/extra/co-curricular activities

General Behaviour: Mild  Normal  Hyperactive

Please mention, in brief, if there is any history of previous illness, allergy or physical / psychological illness: \_\_\_\_\_

## DOCUMENTS REQUIRED TO BE SUBMITTED

1. Copy of CNIC of Parents
2. Form B
3. Last Result Certificate
4. 2 x Passport size Photographs of Child

Parent's Signature

## Terms & Conditions

1. Parents wishing to admit a child should first register the child for an admission test by completing the admission form at the school office and taking an appointment for the test / interview.
2. Registration does not in any way confirm or guarantee admission. Admission is subject to passing admission test/interview and upon the availability of a place.

## Office Use Only

Event	Date	Marks Obtained	Examiner
Test Taken			
Interview Taken			
Overall Assessment			

## ADMISSION APPROVED / NOT APPROVED

Parents Informed

Principal's Signature

Date: \_\_\_\_\_