

## Application for Admission 2018-2019 After School Care Program (ASCP)

Name of the child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's name & occupation: \_\_\_\_\_

Cell: \_\_\_\_\_ Office: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's name & occupation: \_\_\_\_\_

Cell: \_\_\_\_\_ Office: \_\_\_\_\_ Email address: \_\_\_\_\_

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

School attending: \_\_\_\_\_ Class: \_\_\_\_\_

No. of siblings: \_\_\_\_\_ School attending: \_\_\_\_\_ Class: \_\_\_\_\_

School attending: \_\_\_\_\_ Class: \_\_\_\_\_

I / We hereby confirm that the information provided above is true, complete & accurate to the best of our knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Documents required at the time of Registration:

1. 2 recent passport size photographs of child and 1 each of both parents (father & mother).
2. CNIC copies of the parents.
3. Bonifide / Character certificate.
4. Past medical illness or any current medical issue should be reported at the time of registration with complete medical records.

In all cases, the decision of the school is final and cannot be changed in anyway.

<u>Office Use</u>	<u>Office Use</u>
Interview day: _____ Date: _____	Registration Fees Paid <input type="checkbox"/>
Time: _____	Informed on: _____
Accepted: <input type="checkbox"/> Rejected: <input type="checkbox"/>	_____
Principal Signature: _____	Admission Officer: _____