



## Application for Admission 2018-2019

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

Applying for class: \_\_\_\_\_ Age in August 2018: \_\_\_\_\_

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

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

Mobile no: \_\_\_\_\_ Office: \_\_\_\_\_ Email: \_\_\_\_\_

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

Last school attended/attending: \_\_\_\_\_ Class: \_\_\_\_\_

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

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

Reasons for changing school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied for admission here before for any of your children? Yes  No

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

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

\_\_\_\_\_  
 Date

**Documents required:**

1. **2** recent passport size photographs of child and **1** each of both parents (father & mother).
2. The last progress report, birth certificate, leaving certificate and CNIC copies of both the parents.
3. 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 challenged in anyway.

<u>Office Use</u>	<u>Office Use</u>
Entrance Test Day: _____ Date: _____	Registration Fees Paid <input type="checkbox"/>
Time: _____	Informed on: _____
Cleared: <input type="checkbox"/> Not Cleared: <input type="checkbox"/>	_____
Interview day: _____ Date: _____	Admission Officer: _____
Time: _____	_____
Accepted: <input type="checkbox"/> Rejected: <input type="checkbox"/> Waiting: <input type="checkbox"/>	
Principal Signature: _____	