

# ADMISSION FORM

1753

Academic Year 20 \_\_\_\_\_ to 20 \_\_\_\_\_

Applying for Class: \_\_\_\_\_

## FOR SCHOOL USE ONLY

2 RECENT  
PASSPORT SIZE  
PHOTOGRAPHS

Photographs: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ B Form: \_\_\_\_\_ Previous Result: \_\_\_\_\_

School Leaving Certificate: \_\_\_\_\_ Medical Fitness Certificate: \_\_\_\_\_

Copy of father's ID Card: \_\_\_\_\_ Copy of Mothers ID card: \_\_\_\_\_

Proof of disability/allergy (if any): \_\_\_\_\_

NOC for classes 8M-10M (transfer cases only): \_\_\_\_\_

Admission form complete: \_\_\_\_\_ Remarks: \_\_\_\_\_

Date of test: \_\_\_\_\_ Signature of HM: \_\_\_\_\_ Dated: \_\_\_\_\_

Admission desired with effect from: \_\_\_\_\_

Students Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Concession type: \_\_\_\_\_

Admission Process complete (HM): \_\_\_\_\_ V. Principal: \_\_\_\_\_ Principal: \_\_\_\_\_

## STUDENT INFORMATION

Name of Student: \_\_\_\_\_

As per Passport/NADRA BC: Given name \_\_\_\_\_ middle name (if any) \_\_\_\_\_ surname/ family name \_\_\_\_\_

Date of Birth (in figures): \_\_\_\_\_ Date of Birth (in words): \_\_\_\_\_

Age: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Gender: (M/F)

Previous school attended: \_\_\_\_\_

Previous Class: \_\_\_\_\_ Medium of instruction: \_\_\_\_\_

Mother tongue: \_\_\_\_\_ Nationality (by passport): \_\_\_\_\_

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

Mobile No. on which school SMS is to be sent: \_\_\_\_\_



**Alternate Contact Numbers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Father Signature: \_\_\_\_\_ OR Guardian Signature: \_\_\_\_\_

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

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

**Medical Information**

In order to keep an up-to-date medical record of your child it would be very much appreciated if you would answer the following questions. Does your child suffer from any of the following:-

In case of yes, provide a complete medical history report.

Tick relevant box

Asthma  Weak Eye Sight  Dust Allergy  Food Allergy  Skin Allergy   
Polio  Hearing Problem  Epilepsy  Chronic Diseases  any other

**School will not provide any medicine to the students. It is parents own responsibility.**

**For Junior Section Only (up to Class 2)**

Has your child had any of the following inoculations/ Vaccinations?

If yes, please state in which year or attach a copy of the vaccinations record.

Vaccinations	Yes	No	When given
Polio			
Typhoid			
Cholera			
Measles			
MMR			
Meningitis			
Tetanus			
Whooping Cough	} DPT		
Diphtheria			
Hepatitis – A, B			
Tuberculosis			

Any others? (Please state) \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

Has your child had any severe illness / injury not previously mentioned ? (if so, please give detail and dates).

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**MEDICINES ARE NOT TO BE KEPT WITH CHILDREN.**

Thank you for your co-operation.

The information that I have given about my child's/ward's health is correct at this time.

Signature of Father: \_\_\_\_\_ Signature of Mother: \_\_\_\_\_

Signature of Guardian (if father's is not provided): \_\_\_\_\_

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