

ADMISSION FORM



« A Project of PETALS Educare »

Date: _____

Admission #: _____

Paste
Recent
Photograph

STUDENT'S PROFILE »

Name of Student: _____ Gender: Male Female

Admission sought for class: _____ Academic year: _____

Date of birth: _____ Place of birth: _____

B-Form / CNIC # _____ Identification Mark: _____

Religion: _____ Nationality: _____

Residential Address: _____

FATHER'S / GUARDIAN'S PROFILE »

Father's Name: _____ CNIC #: _____

Occupation: _____ Name of Business: _____ Cell Phone: _____

MOTHER'S PROFILE »

Mother's Name: _____ CNIC #: _____

Occupation: _____ Name of Business: _____ Cell Phone: _____

Emergency Contact Number

Contact # 1: _____ Name: _____ Relation: _____

Contact # 2: _____ Name: _____ Relation: _____

REFERENCE DETAILS

Reference through: _____

Address: _____ Tel No. _____

FOR OFFICE USE ONLY

Checklist:

- B-Form Previous School result card Transfer certificate
- 4 Passport size photos

Admission Test Marks: English _____ Math _____ Urdu _____

TERMS & CONDITIONS

1. Admission form must be filled in with due care by the parents/guardian. Any change in residential address, mobile numbers, etc. should be informed to the school in writing duly signed by parents / guardian (changes would not be accepted over phone, SMS).
2. Original transfer certificate from pervious school and proof of education of the child (photocopy of mark sheet / report card) should be submitted before the admission.

- We acknowledge that, upon acceptance of this application we agree to pay the total fee as applicable and abide by the billing options outlined in the fee schedule as informed by school from time to time.
- I have read and understood the procedures for admission and the school policies. I agree to comply with them.

Signature of Parent/ Guardian: _____

Accountant Signature: _____

Principal Signature: _____