

THE RISING STAR OF ISLAM

ADMISSION APPLICATION FORM

Academic Year 2025-2026

STUDENT INFORMATION:

Full Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Nationality: _____ Religion: _____

Grade/Class Applying For: _____

PARENT/GUARDIAN INFORMATION:

Father's Name: _____

Father's Occupation: _____

Father's Phone: _____ Father's Email: _____

Mother's Name: _____

Mother's Occupation: _____

Mother's Phone: _____ Mother's Email: _____

RESIDENTIAL ADDRESS:

Street Address: _____

City: _____ Province: _____

Postal Code: _____

PREVIOUS SCHOOL INFORMATION:

School Name: _____

Last Grade Completed: _____

Reason for Transfer: _____

REQUIRED DOCUMENTS (Please attach):

☐ Birth Certificate Copy ☐ Previous School Records

☐ Recent Photographs (2 copies) ☐ CNIC Copy of Parents

☐ Domicile Certificate