APPLICATION FOR ADMISSION

| Applicant | (| Cor | np | lete | e F | orn | n in | Blo | ock | < Le | tter | s) | | | | | | | | | | | |
|-----------------|-------------|-----|-----|------|-----|-----|------|-----|-----|------|------------------------------------|-------|-------|--------------|----------|------|-----|----|----|---------------|----|---|--|
| Surname | | | | | | | | | | | | | | | | | | | | | | | |
| Given Names | | | Fir | st | | | | | | | | Mid | Idle | | | | | | | | | | |
| Date of Birth | D D M M Y Y | | | | | | | | | | | (| Gen | der Tick) | M | F | | | | | | | |
| 1st Nationality | | | | | | | | | | | | | | | | | | | AP | FFIX ICTUR | RE | | |
| 2nd Nationality | | | | | | | | | | | | | | | - | | | | | | | | |
| Father | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Fi | st | | | | | | | | Mid | ldle | | | | | | | | | | |
| Occupation | | | | | | | | | | | | Of | f Ph | | | | | | | | | | |
| Designation | | | | | | | | | Off | Fax | Country City No. Country City No. | | | | | | | | | | | | |
| Organisation | | | | | | | | | | | | | Cell | | or iii y | City | , L | | | NO. | | | |
| | | | | | | | | | | | | En | nail | | | | | | | | | | |
| Mother | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | t _ 1 | | | | | | a) | | | | | |
| | | | Fir | st | | | | | | | | Mid | ldle | | | | | | | | | | |
| Occupation | | | | | | | | | | | | Of | f Ph | | | | 4 | | | | | | |
| Designation | | | | | | | | | 21 | | | Off | Fax | Col | untry | City | | | | No. | | - | |
| | | | | | | | | | | | | 011 | I GIA | Col | untry | City | | | | No. | | | |
| Organisation | | | | | | | | | | | | | Cell | | | | | | | | | | |
| | | | | | | | | | | | | En | nail | | | | | | | | | | |
| Guardian | (| pt | ior | nal) | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | | | |
| Given Names | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Fir | st | | | | 1 | | | 1 | Mid | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | Of | f Ph | Co | untry | City | | | | No. | | | |
| Designation | | | | | | | | | | | | Off | Fax | | | | | | | | | | |
| Organisation | | | | | | | | | | | | | Cell | Col | untry | City | | | | No. | | | |
| | | | | , . | | | | | | | | En | nail | | | | | | | | | | |



Primary Campus: D-88, Block 2, Cliffon, Karachi 75600, Pakistan. Tel: +92 21 35373987, 35377340, 35830546 Fax: +92 21 35830171

Secondary Campus: F-23, Block 5, Clifton, Karachi 75600, Pakistan Tel: +92 21 35835805 -6 Fax: +92 21 35830171

| | Present | | | | | | | | | | | | | | | | | | | |
|----|----------------------------------|---|---------------------|-------------------|------------------|---------|---------------|----------|----------|--------|--------------|----------|-----------|----------|--------|----------|--|--|--|--|
| | | | T | | | House | / Appt No. | Street, | Area | | | | | | | | | | | |
| | | | | С | ity, State | or Prov | rince, Coun | try, Zip | or Mail | ng Co | ode | | | | - 3 1 | | | | | |
| Pe | ermanent | | | | | | | | | | | | | | | | | | | |
| | | | | | | House | / Appt No. | Street, | Area | | | | | | | | | | | |
| | | | | | ity Stato | or Prov | ince, Coun | tny 7in | or Maili | na Ca | , do | | | | | | | | | |
| | Phone 1 | | | | ily, sidle | OFFICE | | one : | | rig Co | de | | | | | | | | | |
| | | Country City | | No. | | | | | | intry | City | | | No. | | | | | | |
| | For Eme | rgency Situ | ati | on | | | | | | | | | | | | | | | | |
| | Contact No. | | | | | | | | erson | | - 1- | | | | | | | | | |
| | | Country City | | No | | | | 14 | unie | | | | | | | | | | | |
| | Previous | School (Star | ting fro | om Last |) | From | Grade | | М | Fro | om Y | Y | ate M | M | То | Y | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | Admission re | quired for (Circle | one | optior | n) | | | App | lying | for g | rade | (Circ | le on | e op | tion) | | | | | |
| | Now Term 01 Term 02 | | | | | | | | dlers | | V | P1 | P2 | 01 | 02 | 03 | | | | |
| | TIS Sibling (Tick | YES NO | | | | | | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | | | | |
| | I, as legal guard | ian, hereby acknowled | dge th | at the i | nformatio | on pro | vided is true | e and | accura | te to | the be | st of m | y knov | /ledge | and t | hat the | | | | |
| | administration of and understand | this school reserves the all policies and procedu | right to ures of | reject the Sch | any appl ool. | ication | if the inforn | nation i | s found | to be | incorre | ect. Fur | ther I h | ave co | mplete | ely read | | | | |
| | Signature of | Parent: | | | | | | | Tod | ay's | Date | | | | | | | | | |
| | signature of | raieiii. | | | | | | | | | | D | D | M | M Y | Y | | | | |
| | ficial Use | | | | | | | | | | | | | | | | | | | |
| f | | DINATOR | | | | TEA | CHER | | | | | | REC | SISTRA | R | | | | | |
| f | | | | Name | e: | | 1 | | | | Name | | | | | | | | | |
| | ne: | | | | | | Comments: | | | | | | Comments: | | | | | | | |
| an | ne: | | | Comm | nonte: | | | | | | COITIII | 161115. | | Commons. | | | | | | |
| an | ne: nments: | 71 | | Comr | ments: | | | | | | | | | | | | | | | |
| an | | | | Comr | ments: | | | | | | | | | | | | | | | |
| an | | | | Comr | ments: | | | | | | | | | | | | | | | |
| on | | Signature: | | | ments: | ved | Signature | e: | | | | Appr | oved | Sig | nature |): | | | | |
| on | Approved | Signature: | | one) | Appro | | Signature | ə: | | | one) | | | Sig | nature | 2. | | | | |
| an | nments: | Signature: | | | | | Signature | e: | | | (circle one) | | oved | Sig | nature | ÷: | | | | |