California State School
Wapda Town Gujranwala
0553882955
Admission Form
Session,

Photo

Name: _____   Father Name: _____

Date of Birth: _____   Place of Birth: _____

B.Form No: _____   Blood Group: _____

Gender: _____   Father CNIC: _____

Father Occupation: _____   Monthly Income: _____

Religion: _____   Guardian Name: _____

Guardian CNIC: _____   Guardian Education: _____

Email: _____   Mobile No: _____

Home Tel#:_____   Student Stay In Hostel: _____

Student Special Care: _____   Home Add: _____

Previous Institutions

Institution Name: _____   Institute Admission No: _____

Class: _____   Institute Address: _____

Certificate Issue Date: _____   Co-Curricular: _____

Brother/Sister Studying at this School

1. Student Name: _____Study Status: _____Admission No: _____

2. Student Name: _____Study Status: _____Admission No: _____

3. Student Name: _____Study Status: _____Admission No: _____

Class Information

Admission Id: _____   Session: _____

Class: _____   Section: _____

Group: _____   Medium: _____

Fee Status: _____   Family No: _____

For Office Use Only

Admission Date: _____   Admission Approved/Not:_____

Remarks: _____   Signature _____