

AZIZ BHATTI SHAHEED CADET HIGH SCHOOL

FOR BOYS LAHORE ADMISSION FORM

Photo here

Date:		Form No:
Name of student:		
Date of Birth:	Place of Birth:	
Religion:	Nationality:	
Father's Name:		
Guardian's Name:		
Admission in Class:		
Previous School:		
All other Schools attended with dates:		
ACADEMIC AND EXTRA CUL Strong Subjects:		
Sports:		
Performing Arts:		
Debates / Speeches:		
Creative Art:		
ADDITIONAL INFORMATION	N REGARDING THE STUDI	ENT
Health Problems if any:		
Personality / Habits:		
Hobbies:		

ADDIT	IONAL INFOR	MATION REC	GARDING	THE FAMILY
ather's P	rofession:			
	Res):			
Mother's I	Profession:			
f child liv	es with one parent only	, please indicate the	circumstances:	
OTHE	R CHILDREN I	N THE FAMII	L Y	
Sr#	Name	Class	Age	School / College
1				
2				
3				
4				
•				
5				
wish to e	nrol my child at Aziz E	Shatti Shaheed Cadet	High School a	nd agree to abide by School Rules.
ignature (of Parent / Guardian: _		Admiss	ion Office:
emarks b	y the Principal:			