



SHAHEEN PUBLIC SCHOOL/COLLEGE

(Registered & Recognized)

CAMPUS-I

CAMPUS-II

CAMPUS-III

ADMISSION FORM

Form should be filled as per 'B' Form

STUDENT INFORMATION	G. R. NO. : _____		
	Child's Name : _____	Place of Birth : _____	
	Admission to Class : _____	Date of Birth : _____	Gender : <u>M</u> / <u>F</u>
	Local Home Address : _____		
PARENT INFORMATION	Nationality : _____		
	Father's Name : _____ CNIC No. _____		
	Occupation : _____		
	Name of Company / Govt. Dept. (be Specific) _____		
	Work Address : _____		
	Email : _____ Mobile/SMS : _____ Phone : _____		
	Mother's Name : _____ CNIC No. _____		
	Occupation : _____		
	Name of Company / Govt. Dept. (be Specific) _____		
	Work Address : _____		
SIBLINGS	Please list Brother(s) and / or Sister(s) :		
	Name	Age	Name of School
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
ACADEMIC	LIST LAST THREE SCHOOL'S ATTENDED		
	CAMPUS	DATE OF LEAVING	
Day Month Year			

HEALTH INFORMATION	<p>Can your child take part in Physical Education Classes and activities :</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No. If no, explain why : _____</p> <p>I hereby certify that my child had a recent medical examination and is able to participate in all Physical Education Classes and activities, including after school Sports Program.</p> <p style="text-align: right;">Name of Parent/Guardian _____</p> <p style="text-align: right;">Signature of Parent / Guardian _____</p> <p>Does your child suffer from :</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Vision Defect <input type="checkbox"/> Hearing Defect <input type="checkbox"/> Physical Disability</p> <p>Other Problems please explain : _____</p>
GENERAL	<p>What is the main language spoken at home? _____</p> <p>How did you hear about Shaheen Public School? _____</p> <p><input type="checkbox"/> Word of Mouth <input type="checkbox"/> News paper <input type="checkbox"/> Shaheen Alumni <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Sign board <input type="checkbox"/> Other Parents <input type="checkbox"/> Other Children <input type="checkbox"/> _____</p>
FOR OFFICE USE ONLY	<p>Date of Admission _____ Class to which Admitted _____</p> <p>Remarks _____</p> <p>Name : _____ Signature _____</p>
RULES AND REGULATIONS	<p>We hereby agree to abide by the School's rules and regulations as follows:</p> <ol style="list-style-type: none"> 1. Monthly tuition fees must be paid by the due date of the month; otherwise late fees as per policy will be charged. 2. Any type of fees (admission fees, annual charges, tuition fees, etc.) once paid is not refundable. No exceptions will be made. 3. One month's notice is required if you wish to discharge your child from the school. 4. The school is granted full authority to act on behalf of the parents in case of any medical emergency that requires medical care. 5. Absentee fine will be charged as per school policy in the absence of a written application. 6. Dues should be cleared one month in which TC is asked to be issued 7. Any change requested after the issuance of results/ certificates will be subject to payment of a fee of Rs. 1,000 per document. 8. The school has the right to terminate the student on misconduct of the student and/or the parent without prior notice. 9. The student on tuition fee defaulter will be struck off the school list and will not be admitted to the class. 10. Exam results will not be issued to the students and the parents unless all dues are paid in full. 11. Minimum of 5-10% tuition fee increase may be made annually. <p>I acknowledge that the terms and conditions for admission stated above are accepted by me. I also solemnly affirm that we, the parents and the student (our child) will always abide by the rules and regulations of the school.</p> <p style="text-align: right;">Name of Parent _____</p> <p style="text-align: right;">Signature of Parent _____</p> <p>Date _____ CNIC Number: _____</p>