

The INTELLECT School

REGISTRATION FORM

Name of Child: _____
Gender: M F Session: _____
Date of Birth: _____ Age at the time of registration: _____
Religion: _____ Age in August: _____
Home Phone No: _____ Applying for Class: _____
Home Address: _____

Father's Name: _____
Profession: _____ Qualification: _____
Office Address: _____
CNIC: _____
Office No: _____ Mobile No: _____
Email: _____

Mother's Name: _____
Profession: _____ Qualification: _____
Office Address: _____
Office No: _____ Mobile No: _____
CNIC: _____ Email: _____

Health Profile of Child:

Does your child have any health problem? Yes No
 Vision Allergies Hearing Asthama Physical disability
Other: _____

Is there any reason your child should not take part in physical education classes or sports programs? Yes No

If yes, please give reason: _____

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Please mention any other health related concern you may want to inform the school about: _____

Previous Education:

Has your child attended any other school previously? Yes No

If yes, please write:

School's Name: _____

Class: _____

Reason for Leaving: _____

Please write details of other siblings studying at THE INTELLECT SCHOOL:

Sno	Name	School	Class	Gr NO
1				
2				
3				
4				
5				

Reason for applying to The Intellect: _____

Parent's signature: _____ Date: _____

FOR OFFICE USE ONLY

Alloted
Registration no. : _____
Date: _____
Receipt # : _____

Test/Interview
Date: _____
NAME: _____
SIGN: _____

Checklist :			
Age	<input type="checkbox"/> Over	<input type="checkbox"/> Under	<input type="checkbox"/> within criteria
NIC	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
BC	<input type="checkbox"/> Muncipal's	<input type="checkbox"/> Hospital's	<input type="checkbox"/> B-form
Photo	<input type="checkbox"/>	<input type="checkbox"/> Sibling	<input type="checkbox"/> GP
Previous School's Report	<input type="checkbox"/>		
Remarks	_____		
