



Student Registration Form

This form is your gateway to joining our academic community. Please provide accurate information. Thank you for choosing us for your educational journey.

DATE OF REGISTRATION

/ /

ACADEMICS

Applied For Class

Session

Previous School

Reason for Leaving

PERSONAL INFORMATION

Name:

Father Name:

Father CNIC #

Mother Name:

Mother CNIC #

Religion:

Nationality:

Date of Birth: / /

Place of Birth

Email:

Domicile:

Gender: Male Female

Any Physical / Non Physical Deformity Yes No

(If "yes" attach report)

Contact # 1

Contact # 2

Father Occupation

Monthly Income

Transport Yes NO

If Yes

SIBLINGS INFORMATION

Name	Age	Institution/Class
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

Present Address:

Permanent Address:

FOR OFFICE USE ONLY (Documents Attached)

ID CARD Birth Certificate Copy Photographs School Leaving Certificates

Admitted in Class Section Admission Date

THANK YOU FOR REGISTRATION

Parents / Guardian Signature

Principal Signature