

## Application for Admission 2019-2020 After School Care Program (ASCP)

Name of the child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's name & occupation: \_\_\_\_\_

Cell: \_\_\_\_\_ Office: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's name & occupation: \_\_\_\_\_

Cell: \_\_\_\_\_ Office: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

School attending: \_\_\_\_\_ Class: \_\_\_\_\_

No. of siblings: \_\_\_\_\_ School attending: \_\_\_\_\_ Class: \_\_\_\_\_

School attending: \_\_\_\_\_ Class: \_\_\_\_\_

I / We hereby confirm that the information provided above is true, complete & accurate to the best of our knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Documents required at the time of Registration:

1. 2 recent passport size photographs of child and 1 each of both parents (father & mother).
2. CNIC copies of the parents.
3. Bonifide / Character certificate and Registration certificate (B-form) issued by Nadra.
4. Past medical illness or any current medical issue/special need should be reported at the time of registration with complete medical records.
5. Acceptance/refusal is entirely in the hands of the Managing Committee. Reasons are not disclosed.

<u>Office Use</u>	<u>Office Use</u>
Interview day: _____ Date: _____	Registration Fees Paid <input type="checkbox"/>
Time: _____	Informed on: _____
Accepted: <input type="checkbox"/> Rejected: <input type="checkbox"/>	Admission Officer: _____
Principal Signature: _____	