



## **Registration Form**

		Date:				
Name of child (as per birth certificate):						
Date of birth:Curre	nt Age: Age by August:					
Father's Name:						
Father's Qualification	Father's Occupation:					
Mother's Name:						
Mother's Qualification:	Mother's Occupation:					
Residential Address:						
Residential Land line no:						
Mother's Mobile no:	Mother's e-mail:					
Father's Mobile no:	Father's e-mail:					
Applying for class: Name						
Names of children already studying in this sc	:hool: (if any)					
Name	Class					
	Class					
	Class					
Referred to Education Bay School by:						
FOR OFFICE USE ON						
Attended by:			Test Result			
Called for test on: Date:Time: Result: Regret Admitted in class:			Subjects	Max marks	Marks obtained	sign
Additional remarks:		1	English			
		_ 2	Maths			
		3	Science			
	Photograph	4	Urdu			
Parents CNIC Registration fee Re School Leaving Certificate Family Picture	port card re	5	Pre-Primary			
 Director's Signature		_	 Principa	 l's Signat	_ :ure	