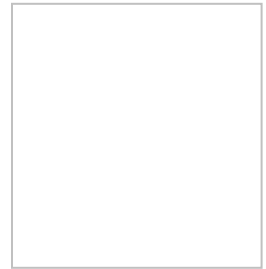


The Intellectuals

Student Registration Form

S.No: -----



Personal Information

Full Name: (In Block Letters): _____

Gender: (Male/Female): _____

Date of Birth (DD/MM/YYYY): _____

Mailing Address: _____

Permanent Address: _____

Applied For Campus: _____ Class: _____

Parents Information:

Father Name: _____ Father's CNIC No _____

Occupation: _____

Phone No: _____ Cell No: _____

Emergency Contact:

If your child is regularly brought or collected by another person, please provide their details here:

Are they: Driver / Child Mother/ Grand Father / Other

Name(s):1 _____ Contact No: _____

Name(s):2 _____ Contact No: _____

Name(s):3 _____ Contact No: _____

Name(s):4 _____ Contact No: _____

Mobile Telephone Number will be Preferred.

Injuries and Medical Conditions:

Please specify any ongoing medical conditions etc: _____

Academic Details:

Name of Previous School: _____

Address: _____

Registration Number in Previous School: _____

I certify that all of the information I have provided on this form is true and accurate. I understand that falsification of any information or submission of misleading information will cause cancellation of my child admission from **THE INTELLECTUALS**.

Father's Guardian's Signature: _____ Date: _____

For Office Use Only

Decision of Admission Committee **Approved/Not Approved**

THE INTELLECTUALS REGISTION No. Allotted (if Approved): _____

Signature of School Principal: _____ Date: _____