



RISING STARS SCHOOL®

PLAY GROUP TO MATRIC

ADMISSION FORM

PASSPORT
SIZE
PHOTOGRAPH

Full Name: _____ Sex: _____ Date of Birth: _____
Place of Birth: _____ Religion: _____
Residential Tele No: _____ Emergency Contact No: _____
First Language: _____ Nationality: _____

PARENT'S INFORMATION

Father's Name:	Mother's Name:
Education:	Education:
Contact No:	Contact No:
Father's Occupation:	
Residential Address:	

Has the child ever suffered any serious illness or allergies? If "YES", then please specify:

Does the child have any physical impairment? If "YES", then please specify:

Parent's Signature

Check list of the documents to be attached with the Admission Form		
S.No.	List of Documents	Check Box
1.	Parent's CNIC Photocopy	
2.	Student B.form Photocopy	
3.	4x Passport Size Photograph	
4.	Previous School Record	

FOR OFFICE USE ONLY

Date of Admission: _____ Admission Allowed in Class: _____
Fee Collection Tuition Fee: _____ Admission Fee: _____
Total Fee: _____

Signature of Accumulation