

GENERAL INFORMATION

Which grade are you applying for:	Need transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us (Please mark one and name the source): <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Internet <input type="checkbox"/> Reference	
Name of Source: _____	
Session:	

STUDENT'S INFORMATION

Name:					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	in Figure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	in Words:
Address:						
P. O.	Village:	Tehsil :	District :	Country :		
Home Phone No:		Cell Phone No:		Email Address:		
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FATHER / GUARDIAN'S INFORMATION

Father/Guardian's Name:					NIC:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Caste					Tribe														
Occupation:					Designation:					Department									
P. O. Box:					City/ Village:					Tehsil & District :					Country :				
Work Phone No:					Cell Phone No:					Email Address:									
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MOTHER'S INFORMATION

Mother's Name:					NIC:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Caste					Tribe														
Occupation:					Designation:					Department									
P. O. Box:					City/ Village:					Tehsil & District :					Country :				
Work Phone No:					Cell Phone No:					Email Address:									
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SIBLING'S INFORMATION

Does your child have a brother or sister attending this school? If YES then complete details below:

NAME	DATE OF BIRTH	CLASS	SESSION

EMERGENCY CONTACT INFORMATION (This person will be contacted if the parent or guardian is unable to be reached)

Name:					NIC:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation					Department														
Designation:					Department														
P. O. Box:					City/ Village:					Tehsil & District :					Country :				
Work Phone No:					Cell Phone No:					Email Address:									
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ACADEMIC INFORMATION Please use an extra sheet if needed

Prior Schools Attended	Date From	Date To	City, Tehsil, District, Country, Tel, Fax
1.	/ /	/ /	
2.	/ /	/ /	
3.	/ /	/ /	

MEDICAL INFORMATION

Indicate any health conditions that your child may suffer from, such as:

 Asthma Heart Disease Epilepsy Allergy Other:

Please indicate if the student has had any major operations or injuries (Specify):

Indicate if the student takes any medication (Please explain):

Doctor's Name:

Address:

Phone:

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This application becomes a binding contract upon the undersigned only when the applicant has passed the entrance exam and successfully been enrolled in the school. Alif Education System Administration reserves the right to admit or reject the applicant if such action is deemed necessary and is seen in the best interest of the school. It is understood that classes are strictly limited and priority is given to those students and their siblings who are currently enrolled in the school. Alif Education System is presently not equipped to handle Special Education classes.

Signature of Parent / Guardian

Date

Parent – Student Contract

I/We, (parent's name) _____ and (student's name) _____ agree and accept without reservation to abide by, and follow all rules, regulations, and procedures of Alif Education System as stated in the Parent's Handbook. We accept the course of disciplinary action which will be instituted if any rule or regulation is not followed, and will also pay for any school property that is damaged by our child. We accept that the Principal's decision in all matters relating to the school is final.

I authorize Alif Education System to photograph or video tape my child for publication(s).

Parent's Signature _____

Date: _____

FOR OFFICE USE ONLY

Student Name: _____

Father Name: _____

Class in which admitted _____

Admission No. _____

Remarks: _____

Date of Admission _____