



DHACSS DCK CAMPUS SECTOR-3

DHA City Karachi, Super Highway, Near Lucky Cement Factory, Karachi.

Phone: (021) 36470072

REGISTRATION FORM

(to be filled in block letters)

PHOTOGRAPH

(Please write name at the back of the photo)

Academic Session 20 -20

Status:

Application for Admission in Class

Armed Forces

DHA/DCK Employees

Civilian

(In figure)

1. Student Information:

a. Name of Student: _____

(As per Last SLC/"B" Form NADRA)

b. Date of Birth (in figure): _____ (In words): _____ c. Gender:

M F

d. Blood Group: _____ e. Religion: _____ f. Nationality: _____ h. Last School Attended: _____

2. Particulars of Pre – Primary candidate:

a. Toilet Trained: Yes No b. Any allergy or Physical disability: Yes No

If yes give Details: _____

c. Child Pediatrician: _____ Contact No: _____

d. Vaccination completed: Yes No e. Child's Sleeping Time: _____

f. Brief description of the Child: _____

3. Sibling Information:

Particulars of Brother(s) / Sister(s) studying in DCK / DHA School / Institutions:

S.No. **Name**

Class

School

a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

4. Parents' Information:

a. Father's / Guardians Name: _____ (1) Qualification: _____

(2) CNIC No.

(3) Profession: _____ (4) Organization Name / Position in Dept: _____

(5) Monthly Income _____ (6) Income Tax Paid: _____

(7) Contact No: _____ (8) Business Contact No: _____

b. Mother's Name: _____ (1) Qualification: _____

(2) CNIC No.

(3) Profession: _____ (4) Organization Name / Position in Dept: _____

(5) Monthly Income _____ (6) Income Tax Paid: _____

(7) Contact No: _____ (8) Business Contact No: _____

5. Temporary Address: _____

6. Permanent Address: _____

7. Emergency Contact # _____ **8. Email:** _____

9. Language freely spoken at home: English / Urdu / Sindhi / Others: _____

10. Living Status: Together Divorced Separated Widow

11. Living Single / Joint Family: _____

12. Likely transportation arrangement: _____

(Parent's Name & Signature)

OFFICE USE ONLY

Assessment

Teacher's Remark: _____

Teacher's Name: _____ Teacher's Signature & Date: _____

Principal Remarks: _____

Principal's Signature: _____ Date: _____