

BAY VIEW HIGH SCHOOL

College Campus: 8 Flench Street, Civil Lines, Karachi Tel: 35662657, 35223743
Middle School: F-33, Block 9, KDA Scheme 5, Kehkashan, Clifton, Karachi. Tel: 35830420-1

ADMISSION FORM

FOR OFFICE USE ONLY

ADMISSION STATUS DATE OF JOINING ROLL NO.
DATE OF ENTRANCE TEST MATHS ENGLISH URDU
NOTES : _____ SIGN _____

STUDENT 'S DATA

DATE OF APPLICATION CLASS APPLIED FOR

Family Name Male Female
Student's Name
Date of Birth
Nationality
Family Language
Photograph

PARENT 'S DATA

| | | | |
|---------------|----------------------|---------------|----------------------|
| Father's Name | <input type="text"/> | Mother's Name | <input type="text"/> |
| Occupation | <input type="text"/> | Occupation | <input type="text"/> |
| Business | <input type="text"/> | Business | <input type="text"/> |
| Address | <input type="text"/> | Address | <input type="text"/> |
| Office Tel. | <input type="text"/> | Office Tel. | <input type="text"/> |
| Home | <input type="text"/> | Home | <input type="text"/> |
| Address | <input type="text"/> | Address | <input type="text"/> |
| Home Tel. | <input type="text"/> | Home Tel. | <input type="text"/> |
| Cell No. | <input type="text"/> | Cell No. | <input type="text"/> |
| E-mail | <input type="text"/> | E-mail | <input type="text"/> |

Siblings: (Brothers & Sisters)

| | | |
|-----------------------|-----------------------|-----------------------|
| Name _____ | Name _____ | Name _____ |
| Age _____ Class _____ | Age _____ Class _____ | Age _____ Class _____ |
| School _____ | School _____ | School _____ |

EMERGENCY CONTACT:

| | | | |
|-----------------|----------------------|---------------|----------------------|
| Doctor's Name | <input type="text"/> | Parent's Name | <input type="text"/> |
| Doctor's Number | <input type="text"/> | Tel. Number | <input type="text"/> |

PARENT / RELATIVE (Please Specify)

A non-refundable fee of Rs. 500/- is applicable

PREVIOUS SCHOOLING

DETAILS OF LAST TWO SCHOOLS ATTENDED (ATTACH COPIES OF SCHOOL REPORTS)

| Last School Attended : | Address | From | To | Level Passed |
|------------------------|---------|------|----|--------------|
| 1) | | | | |
| Previous School : | | | | |
| 2) | | | | |

ADDITIONAL INFORMATION

PLEASE COMPLETE THIS SECTION AS FULLY AS POSSIBLE

HEALTH: Does your Child have any health problems which might require specialized attention during School.

SPORTS: Does your child have a special interest in sports or games? Has he/she ever played for a school team?

INTERESTS/HOBBIES: Please list particular hobby or interests

Please tick or give details if you are able to contribute to the school in any of the following ways :

1) Give a talk in assembly on _____

2) Help out during school events e.g. Sports Day Concerts Other

3) Other _____

Has your child received any psychological treatment or special help concerning a learning difficulty?

YES NO

If such, please explain _____

If information is withheld and to subsequently comes to the School's notice, the admission offer will be withdrawn.

FRIENDSHIP PATTERNS: (Please tick one)

- 1) Makes friends easily
- 2) is initially shy with new people
- 3) prefers a small group of close friends
- 4) has difficulty in making friends
- 5) prefers older/younger people

Parent's Signature:

Father

Mother