

BAY VIEW PRE SCHOOL

Plot # D-20, Block-9, KDA Scheme 5, Kehkashan, Clifton, Karachi. Tel : 35836924-35372781 Fax : 35864881

School website : www.bayviewhigh.com

Form No. : _____

ADMISSION FORM

Reg.No. : _____

DATE: _____ CLASS APPLIED FOR: _____ DATE OF JOINING: _____

STUDENT'S DATA

Family Name : _____

Male

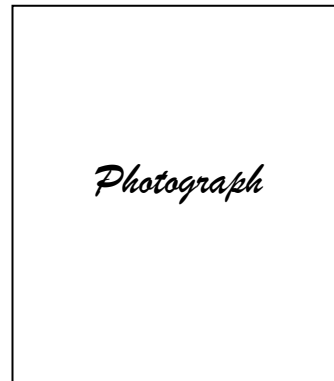
Student's Name : _____

Female

Date of Birth : _____

Nationality : _____

Family Language : _____



PARENT'S DATA

Father's Name : _____ Mother's Name : _____

Occupation : _____ Occupation: _____

Business Address: _____ Business Address : _____

Office Tel : _____ Office Tel : _____

Home Address : _____ Home Address : _____

Home Tel. _____ Home Tel. _____

Cell # _____ Cell # _____

E-mail : _____ E-mail : _____

INFORMATION ABOUT SIBLINGS: (BROTHERS & SISTERS) STUDYING AT BAY VIEW

Name _____	Name _____	Name _____
Age _____ Class _____	Age _____ Class _____	Age _____ Class _____
School _____	School _____	School _____

INFORMATION ABOUT SIBLINGS: (BROTHERS & SISTERS) STUDYING AT OTHER SCHOOL

Name _____	Name _____	Name _____
Age _____ Class _____	Age _____ Class _____	Age _____ Class _____
School _____	School _____	School _____

EMERGENCY CONTACT: NEXT OF KIN / RELATIVE

Name : _____ Relationship to student: _____ Contact # : _____

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

CHILD'S PERSONAL INFORMATION

PLEASE COMPLETE THIS SECTION AS ACCURATELY AS POSSIBLE

1. **HEALTH:** Do you have concerns we should know about, such as:

Allergies:

Learning or development problems:

Emotional concerns, such as fears and anxieties:

How would you describe your child:

Is there anything else you would like us to know:

2. Has your child been immunized?

Yes

No

3. Has your child been toilet trained?

Yes

No

If yes, then is he/she able to inform and how?

4. What are your child's strengths and 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 _____

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

Father's Signature

Mother's Signature

Thank you for taking the time to provide us with the above information.
It will help us a great deal in meetings the needs of your child.