



REGISTRATION FORM

FOR PARENT/GUARDIAN USE ONLY

Student
Photograph

Campus applying to : Islamabad Rawalpindi Lahore Wah

STUDENT INFORMATION:

Name: _____ Registration #: _____
First Name Middle Name Last Name

Date of Birth: _____ Gender: (M/F): _____ Religion: _____ Nationality (by passport): _____

Proposed Starting Date: _____ Language Spoken at Home: _____

Previous School: _____ Country: _____ Previous Class: _____

Applied to / attended Froebel's International School previously? Yes / No

OTHER CHILDREN IN THE FAMILY:

Name: _____	Age: _____	Currently Studying at: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT INFORMATION:

Name of the parent/guardian to whom school reports and other correspondence should be addressed:

Dr. /Mr. /Mrs. _____ Relationship to Student: _____

Permanent Address: _____

Billing Address:(if different from above) _____

Occupation: _____ Company Name: _____

Home Phone: _____ Office Phone: _____ Mobile: _____

Fax: _____ E-mail Address: _____

Name of the other parent/guardian:

Dr. /Mr. /Mrs. _____ Relationship to Student: _____

Permanent Address: _____

Occupation: _____ Company Name: _____

Home Phone: _____ Office Phone: _____ Mobile: _____

Fax: _____ E-mail Address: _____

Emergency Contact 1: Name: _____ Relationship: _____ Phone: _____ Mobile: _____

Emergency Contact 2: Name: _____ Relationship: _____ Phone: _____ Mobile: _____

Billing Preference: Annually Half-yearly Quarterly Bi-monthly

Parent/guardian verifies that all information on this application is true and accurate:

Date _____ Signature _____

FOR SCHOOL USE ONLY

1. REGISTRATION FOR ADMISSION

Previous School Report External Exam Result Student Interview Parent Interview

Class to be tested for _____ Testing Date _____ Starting Date _____

Principal Signature _____ Date _____

2. PAYMENT OF REGISTRATION FEE

Registration Fee _____ Accounts Officer Signature _____ Date _____

Data Officer Signature _____ Date _____

3. ADMISSION TESTING

Classroom Observation (PG)/Individual Developmental Testing (KG & Prep)

Comments: _____

Observed by _____ Date _____

ADMISSION TESTS (Year 1 to Year 9)

ENGLISH Marks Obtained ____/____ Checked by _____ Date _____

MATHEMATICS Marks Obtained ____/____ Checked by _____ Date _____

Mentor Signature _____ Date _____

4. DECISION

Accepted Conditional Acceptance Waitlisted Not Accepted

Conditional acceptance is granted for one academic year after which admission will be granted on the basis of the student's performance.

Admitted to _____ Section _____ Principal Signature _____ Date _____

5. ENROLMENT

Fee Bill Issued: Annual/Half-yearly/Quarterly/Bi-monthly Date _____

Fee Bill Paid Date _____

DOCUMENTATION SUBMITTED

Admission Form Birth Certificate Passport Copies Student Photographs (4)

Parent/Guardian Photographs(1) Immunization Forms School Leaving Certificate (all except PG)

Character Certificate (all except PG) Subject Selection Forms (AS & A2) External Exam Result (AS & A2)

ADMIT TO CLASS

Class Admit Slip Issued ID Card Issued Calendar Student Handbook

Accounts Officer Signature _____ Date _____

6. NOTE:

(Medical condition requiring immediate attention, etc) _____