

## Froebel's House

## ADMISSION FORM

Paste PHOTO Here

Address:  Contact No: Whatsapp No: Caste/Tribe  Does Students have any physical impairment?  Previous Academic Record:  St. # Name of School From Up to Class Reason For Leaving  (Last Result Card / Copy of certificate to be attached)  PARENTS INFORMATION  Father's Name: Mother's Name:  CNIC #: Cell #: CNIC #: Cell #:  Home Address Home Address  Official Address: Official Address:  Occupation: Cocupation:  Email: Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name: Contact No:	Whatsapp No: Caste/Tribe  physical impairment?  Record: School From Up to Class Reason For Leaving  f certificate to be attached)  N	Full Name:		7	y		ı't Sex; M	
Contact No: Whatsapp No: Caste / Tribe  Does Students have any physical impairment?  Previous Academic Record:  St. # Name of School From Up to Class Reason For Leaving  [Last Result Card / Copy of certificate to be attached)  PARENTS INFORMATION  Father's Name: Mother's Name:  CNIC #: Cell #: CNIC #: Cell #:  Home Address Home Address  Official Address: Official Address:  Occupation: Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name: Contact No:	Record: School From Up to Class Reason For Leaving  f certificate to be attached)  N  Mother's Name:  Cell #: CNIC #: Cell #:  Home Address  Official Address:  Occupation:  Email:  ON (If applicable)  Contact No:  Relationship with Student:	Date of Birth:			Class: Religion:		Religion:	
Previous Academic Record:  Sr. # Name of School From Up to Class Reason For Leaving  [Last Result Card / Copy of certificate to be attached)  PARENTS INFORMATION  Father's Name: Mother's Name:  CNIC #: Cell #: CNIC #: Cell #:  Home Address Home Address  Official Address:  Occupation: Occupation:  Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name: Contact No:	Record: School From Up to Class Reason For Leaving  f certificate to be attached)  N  Mother's Name:  Cell #: CNIC #: Cell #:  Home Address  Official Address:  Occupation:  Email:  ON (If applicable)  Contact No:  Relationship with Student:	Address:	SX.			37		
Previous Academic Record:  Sr. # Name of School From Up to Class Reason For Leaving  (Last Result Card / Copy of certificate to be attached)  PARENTS INFORMATION  Father's Name: Mother's Name:  CNIC #: Cell #: CNIC #: Cell #:  Home Address Home Address  Official Address: Official Address:  Occupation: Email:  Email: Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name: Contact No:	Record:  School From Up to Class Reason For Leaving  F certificate to be attached)  N  Mother's Name:  Cell #: CNIC #: Cell #:  Home Address  Official Address:  Occupation:  Email:  ON (If applicable)  Contact No:  Relationship with Student:	Contact No:	Whatsapp No:		Caste / Tribe			
Contact No:   Contact No:	School From Up to Class Reason For Leaving  Certificate to be attached)  Mother's Name:  Cell #: CNIC #: Cell #:  Home Address  Official Address :  Occupation:  Email:  ON (If applicable)  Contact No:  Relationship with Student:	Does Students have any physical	impairment?					
(Last Result Card / Copy of certificate to be attached)  PARENTS INFORMATION  Father's Name:  CNIC #: Cell #: CNIC #: Cell #:  Home Address  Official Address:  Occupation:  Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name:  Contact No:	f certificate to be attached)  Mother's Name:  Cell #: CNIC #: Cell #:  Home Address  Official Address:  Occupation: Email:  ON (If applicable)  Contact No: Relationship with Student:	Previous Academic Record	:					
PARENTS INFORMATION  Father's Name:  CNIC #: Cell #: CNIC #: Cell #:  Home Address  Official Address:  Occupation:  Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name:  Contact No:	Mother's Name:  Cell #: CNIC #: Cell #:  Home Address  Official Address:  Occupation:  Email:  DN (If applicable)  Contact No:  Relationship with Student:	Sr. # Name of School	From I	Up to Class	Class Reason For Leaving			
CNIC #: Cell #: CNIC #: Cell #:  Home Address  Official Address : Official Address :  Occupation: Occupation:  Email: Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name: Contact No:	Cell #:  Home Address  Official Address:  Occupation:  Email:  ON (If applicable)  Contact No:  Relationship with Student:		ate to be attached)	132				
Home Address  Official Address: Occupation: Occupation: Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name:  Contact No:	Official Address: Occupation: Email:  DN (If applicable)  Contact No: Relationship with Student:  Studying in FHS HARIPUR	Father's Name:		er's Name:				
Official Address : Official Address : Occupation: Occupation: Email: Email: GUARDIAN INFORMATION (If applicable) Guardian Name: Contact No:	Official Address : Occupation: Email:  DN (If applicable)  Contact No: Relationship with Student:	CNIC#:	Cell #:		#:		Cell #:	
Occupation: Occupation:  Email: Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name: Contact No:	Occupation:  Email:  ON (If applicable)  Contact No:  Relationship with Student:  Studying in FHS HARIPUR	Home Address	e Address		Address			
Email: Email:  GUARDIAN INFORMATION (If applicable)  Guardian Name: Contact No:	Email:  ON (If applicable)  Contact No:  Relationship with Student:  Studying in FHS HARIPUR	Official Address :	cial Address :		Official Address :			
GUARDIAN INFORMATION (If applicable) Guardian Name: Contact No:	Contact No: Relationship with Student: Studying in FHS HARIPUR	Occupation:			pation:			
Guardian Name: Contact No:	Contact No:  Relationship with Student:  Studying in FHS HARIPUR	Email:	Email	Email:				
	Relationship with Student: Studying in FHS HARIPUR	GUARDIAN INFORMATION (If ap	plicable)	3				
	Studying in FHS HARIPUR	Guardian Name:	Conta					
CNIC #: Relationship with Student:		CNIC#:	NIC#:			Student:		
Address		Address		11.11				
Details of other Children Studying in FHS HARIPUR	ne Student ID Class	Details of other Children Studying	in FHS HARIPUR					
Sr. # Name Student ID Cla		Sr. # Name		Student ID		Class		
						22		
				ot be respon	sible for that	, and I promise	that I shall obey the ru	
Call Call Call Call Call Call Call Call		1			31.5.6	1		
				ot be respon	sidle for that	, and I promise	that I shall obey the ru	
			- 10000			22 / 22 / 22 / 22 / 22 / 22 / 22 / 22		
and regulation and the decision of the principal.	ision of the principal.	Sign of Father:	3333	5 (C)				
Sign of Father: Sign of Mother: Sign of G	r: Sign of Mother: Sign of Guardian:		70 Store - Av	FICE USE	ONLY			
and regulation and the decision of the principal.	r: Sign of Mother: Sign of Guardian:				12.40.20			
Sign of Father: Sign of Mother: Sign of G  FOR OFFICE USE ONLY  dmission test Result / Interview Notes/: (Pass / Fail)	r: Sign of Mother: Sign of Guardian:  FOR OFFICE USE ONLY  erview Notes/: (Pass / Fail)	Admissio	on Officer Remarks		Admitted / Not Admitted			
	r: Sign of Mother: Sign of Guardian:  FOR OFFICE USE ONLY  erview Notes/: (Pass / Fail)	Date Of Admission	Admission#	c	055	Section	Roll #	