

## **RAST Schooling System**

B-518, Block 13, Gulberg, F.B. Area. Karachi Email: rastschoolingsystem@gmail.com Contact: 021-36363634

ADMISSION REQUESTED IN	J:
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Pre-school \_\_\_\_\_

Primary \_\_\_\_\_

Secondary \_\_\_\_

АТТАСН РНОТО

## STUDENT ADMISSION FORM

			PERSONAL	DATA			
Name of Student:  First Name					Gender:		
					Male Female		
Middle N	ame	I	Last Name				
Religio	n	Мо	ther Tongue		Date of Birth:		
Place of B	irth	1	Nationality		Date Month Year		
	:	PARENTS	GUARDIAN	INFOR	MATION		
Father's Name:	Father's Name:				Mother's Name:		
NIC No. (attach photo	NIC No. (attach photocopy)				NIC No. (attach photocopy)		
Occupation Designation			<u>n</u> –	Occupation Designation			
	Organisation			Organisation			
Email Address:			F	Email Address:			
Whatsapp No:				Whatsapp No:			
Landline	NIo		Father's Mobi	la No	 Mother's Mobile No.		
Landine	NO.		ramer's Moor	ie No.	Mother's Mobile No.		
Home Address:							
			ACADEMIC	DATA			
Name of School	Class Passed	Year F	Percentage/Grade		a Curricular Activities Reason For Leaving		
Timile of deficient	Shoot Hooted	1		LATIC	Tedovi IVI Dedving		

Detail of Siblings									
Name of Student	School Name	Present Class	Remarks (if any)						
Please mention if your child has/had a	ny medical conditon, special needs or al	lergies. Share any inf	ormation useful to the school:						
	<b>Declaration</b>								
a I hereby declare all th	e aforementioned information p	provided is accur	ate and correct to						
the best of my knowledg	-	novided is deedi	are and correct to						
b. I have read the Rules	and Regulations as printed in R	AST Schooling S	vstem prospectus/						
b. I have read the Rules and Regulations as printed in RAST Schooling System prospectus/ Identity Card/Bank Challan, and other relevant documents and will comply to the best of									
my ability.									
Name	Date	Relation	Signature						
	FOR OFFICE USE ON	LY							
Admission Office Remarks:									
Admission No:	Class:	Section:							
D. CON	D.								
Receipt No:	Date:	_							
Principal's Remarks									
Signature:	Date:	_							