



Practical Schooling System

C-2 Block 13/D, Gulshan-e-Iqbal. Tel: 34994814, 34812547, 34812531

REGISTRATION FORM

Name of the Child: _____
(in block letters)

Father's / Guardian's Name: _____

Admission Required in: _____ Date of Birth: _____ Gender: _____

Previous School: _____

Address (Present): _____

Phone No: _____ Mobile No: _____

Parent's Name: _____ Parent's Signature: _____

Registration Fee: Rs 1000/= only

For office use only

Registration Fee: _____

Session: _____

Date: _____

Signature: _____