



Practical Schooling System

C-2 Block 13-D, Gulshan-e-Iqbal, Karachi. 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: _____

For Office use only

Date : _____

Signature: _____