



Registration Form

Date: _____

Name of child (as per birth certificate): _____

Date of birth: _____ Current Age: _____ Age by August: _____

Father's Name: _____

Father's Qualification _____ Father's Occupation: _____

Mother's Name: _____

Mother's Qualification: _____ Mother's Occupation: _____

Residential Address: _____

Residential Land line no: _____

Mother's Mobile no: _____ Mother's e-mail: _____

Father's Mobile no: _____ Father's e-mail: _____

Applying for class: _____ Name of Current School: _____

Names of children already studying in this school: (if any)

Name _____ Class _____

Name _____ Class _____

Name _____ Class _____

Referred to Education Bay School by: _____

FOR OFFICE USE ONLY

Attended by: _____

Called for test on: _____

Result: Regret Admitted in class: _____

Additional remarks:

Test Result				
	Subjects	Max marks	Marks obtained	sign
1	English			
2	Maths			
3	Science			
4	Urdu			

Principal's Signature