



Immunization Record: ☐ Provided ☐ Not Provided

**ACADEMIC INFORMATION**

S.no	Previous School	Class Attended	Reason for Transition
1.			
2.			
3.			
4.			

**SIBLINGS INFORMATION**

Please write details of other siblings studying at **Dimensions**.

S.no	Name	Class	GR.NO
1.			
2.			
3.			
4.			

Reason for applying to **Dimensions**: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION & SIGNATURE**

I declare that the information provided is accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Registration No: \_\_\_\_\_ Receiver's Name: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR YOUR INFORMATION**

For inquiries, please call 0329-2006999 or email [info@dimensions.ac.pk](mailto:info@dimensions.ac.pk) / [admissions@dimensions.ac.pk](mailto:admissions@dimensions.ac.pk)  
or visit our website [www.dimensions.ac.pk](http://www.dimensions.ac.pk)  
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