

REGISTRATION FORM

STUDENT INFORMATION					
Full Name:					
Gender: Male Female Date of Birth:	// Place of Birth:				
	Class Applying For:				
Home Address:					
PARENTS' I	NFORMATION				
Father's Name:					
Profession:	Qualification:				
Phone No (Office):	Mobile No:				
Office Address:					
CNIC:	Email:				
Mother's Name:					
Profession:	Qualification:				
Phone No (Office):	Mobile No:				
Office Address:					
CNIC:	Email:				
MEDICAL INF	ORMATION				
Does your child have any health issues? O Yes O Vision O Allergies O Hearing Others:) Asthma O Physical Disability				
Is there any reason your child is not able to ta sports programs? O Yes O No	ke part in physical education classes or				
If yes, please give reason:					
Immunization Record: O Provided O Not Pr	rovided				

Δ	CA	D	F	МΙ	ΙN	IF.	\cap F	M	ΑТ	N

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 fo	or applying to Dimensions: _						
DECLARATION & SIGNATURE							
l declare that the information provided is accurate to the best of my knowledge.							
Parent Signature: Date: Date:							
OFFICE USE ONLY							
Registration No: Receiver's Name:							
Receipt #:							
Signature	gnature: Date:						

THANK YOU FOR YOUR INFORMATION