BAY VIEW HIGH-PRE SCHOOL (Reception)
Plot No. F-33, Block-9, Kehkashan, KDA Scheme 5, Clifton Karachi. Tel: 35372781 – 35830420 – 35830421
E-mail: bayviewpre@gmail.com  website: bayviewpreschool.edu.pk

Form No.

ADMISSION FORM

DATE:__CLASS APPLIED FOR: Reception DATE OF JOINING:__

STUDENT’S DATA
Family Name: ____________________________ Male
Student’s Name: ____________________________ Female
Date of Birth: ____________________________
Nationality: ____________________________
Family Language: ____________________________

PARENT’S DATA
Father’s Name: ____________________________
Mother’s Name: ____________________________
Occupation: ____________________________
Occupation: ____________________________
Designation: ____________________________
Designation: ____________________________
Business Address: ____________________________
Business Address: ____________________________

Office Tel: ____________________________
Home Address: ____________________________
Office Tel: ____________________________
Home Address: ____________________________

Home Tel: ____________________________
Cell #: ____________________________
Email: ____________________________

INFORMATION ABOUT SIBLINGS: (BROTHERS & SISTERS) STUDYING AT BAY VIEW

Name ____________________________ Age ____________________________ Class ____________________________ School ____________________________

Name ____________________________ Age ____________________________ Class ____________________________ School ____________________________

Name ____________________________ Age ____________________________ Class ____________________________ School ____________________________

INFORMATION ABOUT SIBLINGS: (BROTHERS & SISTERS) STUDYING AT OTHER SCHOOL

Name ____________________________ Age ____________________________ Class ____________________________ School ____________________________

Name ____________________________ Age ____________________________ Class ____________________________ School ____________________________

Name ____________________________ Age ____________________________ Class ____________________________ School ____________________________

EMERGENCY CONTACT: NEXT OF KIN / RELATIVE
Name: ____________________________ Relationship to Student ________________ Contact #: ____________________________

A non-refundable fee of Rs/- 1000/- is applicable
CHILD’S PERSONAL INFORMATION

PLEASE COMPLETE THIS SECTION AS ACCURATELY AS POSSIBLE

1. HEALTH:

   Allergies: _________________________________

   Learning or development problems: _________________________________

   Emotional concern, such as fears and anxieties: _________________________________

   How would you describe your child: _________________________________

   Is there anything else you would like to know: _________________________________

2. Has your child been immunized? Yes [ ] No [ ]

3. Has your child been toilet trained? Yes [ ] No [ ]

   If yes, then is he/she able to inform and how

   _________________________________

   What are your child’s strengths and interest?

   _________________________________

   Please tick or give details if you are able to contribute to the school in any of the following ways:

   1. Help out during school events e.g. Sports day [ ] Concert [ ]

   2. Others _________________________________

   _________________________________

   _________________________________

   Father’s Signature _________________________________

   Mother’s Signature _________________________________

Thanking you for taking time to provide us with the above information it will help us a great deal in meeting the needs of your child.