



For Office Use Only

Date of Application:

Class applied for:

Probable date of entry to School:

Application fee paid:

APPLICATION FOR ADMISSION

Student Details

Surname of Child:

Middle Name of Child:

First Name of Child: Gender: Male/Female

Date of Birth (dd/mm/yyyy): Nationality:

Family Details

Home Address in Pakistan

.....

Contact Number/s:

Address Outside Pakistan

City: Country: Postal Code/Zip Code:

Contact Number/s:

Father's Name:

Father's Occupation(s): Nationality:

Employment Status in Pakistan: Permanent Temporary * If temporary please provide evidence, see below:

Business Address in Pakistan:

E-Mail Address(es):

Office: Mobile:

Mother's Name:

Mother's Occupation(s): Nationality:

Employment Status in Pakistan: Permanent Temporary * If temporary please provide evidence, see below:

Business Address in Pakistan:

E-Mail Address(es):

Office: Mobile:

* a) Letter from company stating temporary nature of the posting
 b) Date of arrival in Pakistan
 c) Expected length of stay in the country

Guardian's Name:

Guardian's Occupation(s):

Guardian's Relationship with the Child:

Home Address of Guardian
.....
.....

Contact Number/s:

Business Address:

E-Mail Address(es):

Contact Numbers

Office:

Mobile:

Sibling Information

Number of children in the family:

Position of applicant among siblings: Please tick appropriate box

Oldest

Youngest

Sibling(s) Attending British Overseas School

Yes

No

If Yes:

a) Name of the Sibling :

Class:

Age:

b) Name of the Sibling :

Class:

Age:

Have you applied for any other Sibling(s) at British Overseas School?

Yes

No

If Yes:

a) Name of the Sibling :

For which academic year?

b) Name of the Sibling :

For which academic year?

Academic Information

First Language:

Other Languages (if any):

Fluency in English:

Fluent

Moderate

None

Previous Academic Information

Name of School/PreSchool/Playgroup: _____

Address of School/PreSchool/Playgroup: _____

Contact Number of School/PreSchool/Playgroup: _____

Last Curriculum followed, e.g. UK National Curriculum, American, IBPYP, etc.
Please give details: _____

Has the child previously experienced any specific learning difficulties?
If so, of what nature?

This application is a request for admission of my child to the British Overseas School, Karachi for the academic year _____. In signing this application I acknowledge that I have read and accepted the terms, rules and regulations of the British Overseas School and its governing Association as outlined in the Parent Handbook as now enforced, and in the case of future modifications.

We certify that the information included is complete, true and accurate to the best of our knowledge. We authorize the School to request reports/transcripts/references and to verify the facts. We realise that our failure to provide accurate information could jeopardise the student's initial enrolment and continued enrolment at the British Overseas School.

Signature of Parent:-----

Date:-----

Please provide the following documentation to support this application:

- Photocopy of the Applicants Birth Certificate**
- Two Passport Size Photographs**
- Copies of School Reports**
- School Leaving Certificate**
- Copies of Passport of Child**
- Copies of Passport/NIC of Parents**
- Application Fee**

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| <p>Admission recommended by:</p> <hr/> <p>Principal</p> |
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| <p>Admission recommended by:</p> <hr/> <p>Head of Primary</p> |
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| <p>Admission approved by:</p> <hr/> <p>Chairman of the Board of Governors</p> |
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Medical Information

First Name of Child: _____

Date of Birth (dd/mm/yyyy): _____ Gender: _____

Name of Child's Physician: _____

Physician Address and Contact Number/s: _____

Has your child had the following immunisations, please give details:

| | | | | | |
|--------------------------|-----|--------------------------|-------|----|--------------------------|
| Tuberculosis Vaccine BCG | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| HIB Vaccine: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Rubella Vaccine: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Polio Vaccine: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Tuberculosis Vaccine BCG | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Mumps Vaccine: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Measles Vaccine: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Hepatitis A: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Hepatitis B: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Cholera: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |

Has your child ever had one or more of the following? If yes, please give details:

| | | | | | |
|------------------|-----|--------------------------|-------|----|--------------------------|
| Scarlet Fever: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Chicken Pox : | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| German Measles: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Mumps: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Whooping Cough: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Poliomyelitis: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Pneumonia: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Rheumatic Fever: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Allergies: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Epilepsy: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Convulsions: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Asthma: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |
| Eczema: | Yes | <input type="checkbox"/> | _____ | No | <input type="checkbox"/> |

Please give details of any medication being taken for any of the above: _____

You are required to give details of any health conditions from which your child currently suffers (this would include physical and psychological conditions)

I the undersigned confirm that the information above is a true and accurate statement of my child's health.

Parents Signature: _____

Signature of Child's Physician: _____

Name: _____