



Registration Form

Form # _____

Name of the Student: _____ Date of Birth: _____
 Admission into Class: _____ Previous class completed: _____
 Address: _____
 Telephone No: _____

Father's Name: _____ Company: _____
 Designation: _____ Qualification: _____
 Contact No: _____ CNIC No: _____
 Email Address: _____

Mother's Name: _____ Company: _____
 Designation: _____ Qualification: _____
 Contact No: _____ CNIC No: _____
 Email Address: _____

Name of the last school attended: _____
 Specify your reason for the switch: _____
 How did you hear about Schole? _____

Disclosing SEN Condition:

You are required to provide a detailed Assessment/Evaluation report from a reputable institute with the admission form and also email at info@scholeacademy.pk.

Please select and provide details: (Mark only one per row)

Condition	YES	NO
Dyslexia		
ADHD		
Any other		

If you have selected yes for any of the above condition(s), please provide details:

Referred by: _____

I hereby confirm that all the above given information is true to the best of my knowledge.

Signature: _____

Date: _____

For office use only

Form # _____

Student's Name: _____ Applied for Class: _____

Interview/Test Date: _____ Interview/Test Time: _____

Note: It is compulsory for the student to accompany the parents at the time of the interview.

Documents at the time of test:

- Copy of the birth certificate
- Report card of the previous class