



Habib Girls' School
Academic Session 2025-26
APPLICATION FOR ADMISSION

Attach recent photograph here.

Registration #
To be filled in by the school

- Registration Form Fee Rs. 1000/-
- This form registers a girl as a candidate for admission to HGS.
- Registration does not guarantee admission.
- This form is not transferable.

Candidate's Information

1. Name of the candidate (as per 'B' Form) _____
2. 'B' Form # of candidate

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3. Date of Birth in figures

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D	D		M	M		Y	Y	Y	Y
4. Current Age: _____ Year(s): _____ Months: _____
5. Place of Birth _____ Nationality _____
6. Languages spoken by the applicant at home _____
7. Does the child have an association with past/present Habibian (s): Yes No
- Sibling Staff Any Other please specify _____
- Alumni Name: _____ Year of Passing: _____
8. Child lives with: Both Parents Mother Father Guardian
9. Correspondence: Both Parents Mother Father Guardian

Academic History of the Child

Class	School Attended	Overall Percentage / Grade

Note: Attach hard copies of results with the application form.

Sports and Extracurricular Activities / Interests

List the sports and extra-curricular commendation and accomplishments.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Siblings' Information (If applicable)

Number of brothers and sisters _____ Position among Siblings _____

1. Name: _____ School Attending _____ Class _____

2. Name: _____ School Attending _____ Class _____

3. Name: _____ School Attending _____ Class _____

4. Name: _____ School Attending _____ Class _____

5. Name: _____ School Attending _____ Class _____

Medical Information

Name of Child's Physician: _____ Telephone Number: _____

Immunization Record Attached: Yes No

Reason if immunization record is not attached:

My child has allergies: Yes No

If yes, please give details:

Condition(s) that your child has that may require the school to take action for the benefit of your child's health such as diabetes, epilepsy, asthma etc.

Physical activity restrictions:

Hearing or vision problems:

Previous history of communicable disease: (e.g., Chicken pox, Measles)

Any other conditions that may require the school to take action for the benefit of your child's health:

Parents' Information

1. Father's Name _____
2. Works at HGS/HPS Yes No Alumni HPS Yes No If yes, Year of Passing: _____
3. CNIC #

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 Nationality _____
4. Academic Qualification _____ Occupation _____
5. Name of organization where employed _____ Position held _____
6. Office Address _____
7. Cell Number _____ Email _____

8. Residential Address:
Address: _____
Town: _____ City: _____
 House Apartment Rented Owned Landline Number _____

9. Mother's Name _____
10. Works at HGS/HPS Yes No Alumni HGS Yes No If yes, Year of Passing: _____
11. CNIC #

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 Nationality _____
12. Academic Qualification _____ Occupation _____
13. Name of organization where employed _____ Position held _____
14. Office Address _____
15. Cell Number _____ Email _____
16. Total Family income (monthly): Below 25 K 25K-50K 50K-100K 100K-200K Above200K
(This information is for the school's statistical data analysis only)

17. Guardian Name (if applicable): _____
18. CNIC #

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 Nationality _____
19. Academic Qualification _____ Occupation _____
20. Name of organization where employed _____ Position held _____
21. Office Address _____
22. Cell Number _____ Email _____
23. Relationship with the candidate and the reason why? _____
24. How do you get to know about our school's admissions?
 Facebook LinkedIn Website Friend Instagram Any other: _____

ICE (in Case of Emergency)

1. Name: _____ Relationship _____ Contact # _____
2. Name: _____ Relationship _____ Contact # _____
3. Name: _____ Relationship _____ Contact # _____

Documents to be attached with the application Form

- Attested copies of Birth Certificate and B Form from NADRA
- Attested Photocopies of Parents ID Cards.
- 3 Recent photographs of the candidate.
- 1 Family Photograph with all siblings. (7 x 5 inches)

Undertaking

1. I hereby undertake that my child will conform to the rules and regulations at present or any made hereafter, by the school authorities concerned. I also undertake that, so long as my child is a student of HGS / HPS, she / he will do nothing inside or outside the school premises that will interfere with the administration, the good name of the institution and its discipline, prestige of teachers or be a party to other anti-institutional activities. I agree and accept that the principal's decision would be final in all matters regarding the applicant's outcome from the admission process and subsequently his / her academic performance at HGS / HPS.

2. The school reserves the right to refuse admission to the student, should it have caused to believe that the age of the child lies outside the recommended age criteria. This is at sole discretion of the school. If the age of child is subsequently found to lie outside the criteria, his place will be forfeited. The age at the time of admission should not be over 4.5 years (as on 1st August 2024).

3. If it is found subsequently that any information is incorrect, false or misleading, will result in withdrawal of the applicant.

4. I declare that all the particulars given above are correct in all respects.

Signature of Father

Signature of Mother

Signature of Guardian (if applicable)

Date

FOR OFFICE USE ONLY

- Alumni Child Year of Passing _____
- HGS Staff Child working since _____
- HPS Staff Child working since _____
- Sibling of Habibian Name _____ GR # _____ Class Section _____
- Other