

D) 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 _____

E) 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 the school should know about to ensure your child's health:

G) 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 photocopies of Birth Certificate, B Form and FRC from NADRA

Attested photocopies of Parents ID Cards.

Recent Family photograph (7 inches x 5 inches) with all family members

3 recent photographs of the candidate.

Attested photocopy of Immunization/Vaccination record.

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 HPS, 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 academic performance at 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 6.5 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 _____

HPS Staff Child working since _____

HGS Staff Child working since _____

Sibling of Habibian Name _____ GR # _____ Class Section _____

Other



APPLICATION FOR ADMISSION IN CLASS ONE

HABIB PUBLIC SCHOOL

Moulvi Tamizuddin Khan Road, Karachi-74200
Phone: 021-35652434-37 | Email: admissions.hps@habibschoools.edu.pk
Website: www.habibschoools.edu.pk

Attach recent
photograph
here

Registration #

To be filled in by the school

IDENTIFICATION SLIP

(To be brought by the candidate on the Test Day)

Candidate's Name _____

Father's Name _____

FOR OFFICE USE ONLY

Received application for admission.

Test On: _____

Reporting Time: _____

Venue: _____

_____ Dated

_____ For **PRINCIPAL**



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photograph
here

Registration #

To be filled in by the school

IDENTIFICATION SLIP (Parent's Copy)

(To be brought by the parents during admission process)

Candidate's Name _____

Father's Name _____

FOR OFFICE USE ONLY

Received application for admission.

Test On: _____

Reporting Time: _____

Venue: _____

_____ Dated

_____ For **PRINCIPAL**