



HABIB PUBLIC SCHOOL

Academic Session 2025-26

APPLICATION FOR ADMISSION for **Class ONE**

Registration #

To be filled in by the school

- Registration Form Fee Rs. 1000/- (to be paid at the time of submission)
- This form registers a **BOY** as a candidate for admission to HPS.
- Registration does not guarantee admission.
- This form is not transferable.
- This form is only for candidates born between **1st Feb 2019 - 31st Jan 2020.**

Attach recent
photograph
here.
(Size: Passport)

A) 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. Age (as on 1st August 2025): Year(s): _____ Month(s): _____ Day(s): _____
5. Place of Birth (City) _____ Nationality _____
6. Languages spoken by the applicant at home _____
7. Has any sibling(s) of the child studied at HPS/HGS? Yes No Answer Yes/No
 1. Name: _____ Brother Sister GR# _____ Class _____ Graduated
 2. Name: _____ Brother Sister GR# _____ Class _____ Graduated
 3. Name: _____ Brother Sister GR# _____ Class _____ Graduated
8. Child lives with: Both Parents Mother Father Guardian
9. Correspondence: Both Parents Mother Father Guardian

B) Academic History of the Child

Class	Name of School Attended	Overall Percentage / Grade (if applicable)

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

C) Sports and Extracurricular Activities / Interests

List any sports and extra-curricular commendations and accomplishments.

1. _____
2. _____
3. _____

Note: Attach attested photocopy of certificates of achievements with the application form.

D) Siblings' Information (If applicable)

Number of brothers and sisters _____ Position among Siblings _____

1. Name: _____ Name of School Attending _____ Class _____

2. Name: _____ Name of School Attending _____ Class _____

3. Name: _____ Name of School Attending _____ Class _____

4. Name: _____ Name of School Attending _____ Class _____

5. Name: _____ Name of School Attending _____ Class _____

E) Medical Information

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

Immunization Record Attached: Yes No

Reason if immunization/vaccination 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:

F) Parents' Information

1. **Father's Name** _____
2. Works at HPS/HGS 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 _____
6. Position held _____
7. Office Address _____
8. Cell Number _____ Email _____
9. Residential Address: _____

Town: _____ City: _____
10. Residence Details: (a) House Apartment (b) Rented Owned
11. Landline Number _____
12. **Mother's Name** _____
13. Works at HPS/HGS Yes No Alumni HGS Yes No If yes, Year of Passing: _____
14. CNIC #

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 Nationality _____
15. Academic Qualification _____ Occupation _____
16. Name of organization where employed _____
17. Position held _____
18. Office Address _____
19. Cell Number _____ Email _____
20. Total Family income (monthly): _____
(This information is for the school's statistical data analysis only)
21. **Guardian's Name** (if applicable): _____
22. CNIC #

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

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 (Family Registration Certificate) FRC of NADRA.
- Attested photocopies of Parents ID Cards.
- 4 recent photographs of the candidate. (to be pasted on this form at designated spaces)
- Photocopy of Immunization/Vaccination record/certificate.
- Photocopies last school results. If you have any other child in HPS/HGS, attach last paid fee voucher.

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.

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 - Session 2025-26
HABIB PUBLIC SCHOOL

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

Attach recent
photograph
Here
(Size: 1x1)

Registration #

To be filled in by the school

IDENTIFICATION SLIP (School's Copy)

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

Candidate's Name _____ Father's Name _____

FOR OFFICE USE ONLY

Application received for admission.

Test On: _____ Reporting Time: _____ Registration Date: _____

Class: **ONE** For **PRINCIPAL** _____



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Attach recent
photograph
Here
(Size: 1x1)

Registration #

To be filled in by the school

IDENTIFICATION SLIP (Parent's Copy)

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

Candidate's Name _____ Father's Name _____

FOR OFFICE USE ONLY

Application received for admission.

Test On: _____ Reporting Time: _____ Registration Date: _____

Class: **ONE** For **PRINCIPAL** _____