

Academic Session 2027-28

Registration #

To be filled in by the school

- Registration Form Fee Rs. 3000/- (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 valid for candidates born between **1st Feb 2021 and 31st Jan 2022.**

Attach recent
photograph
here.
(Passport Size)

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

(in capital letters)

2. 'B' Form # of candidate						-								-	
----------------------------	--	--	--	--	--	---	--	--	--	--	--	--	--	---	--

3. Date of Birth in figures

		-			-				
D	D		M	M		Y	Y	Y	Y

4. Age as on 1st August 2027: Year(s): Month(s): Day(s):

5. Place of Birth (city) _____ Nationality (country) _____

6. Languages spoken by the applicant at home

7. Has any sibling(s) of the child studied at HPS/HGS? ☐ 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 - (Previous 3 Years)

Class	Name of School Attended	Overall Percentage / Grade

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.

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: _____ 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/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 #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 -

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 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 #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 -

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 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 #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 -

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 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? _____

G) Survey

How do you get to know about our school's admissions?

- ☐ Facebook ☐ LinkedIn ☐ Website ☐ Friend ☐ Instagram Any other: _____

Documents to be attached with the application Form

1. **Attested** photocopy of Birth Certificate, B-Form, and Family Registration Certificate (FRC) from NADRA.
2. **Attested** photocopy of Parents' CNIC/ID cards.
3. Candidate's recent photographs with a **white** background: *(to be pasted in this form)*
 - 1 x passport-size photograph. *(at page 01)*
 - 3 x (1x1) photographs. *(at page 05)*
4. Photocopy of Immunization/Vaccination record.
5. Photocopies of Last 3 years Results from the previous school attended.
6. Photocopies of Certificates of extra-curricular activities and achievements (if applicable).
7. Last paid fee voucher of Habib School (if the candidate has any sibling studying in HPS/HGS)
8. Recent family photograph (5 inches x 7 inches) with all family members.

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 of Registration: _____



Application For Admission - Session 2027-28
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: **Sat, 28th November 2026** Reporting Time: _____ Registration Date: _____

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



Application For Admission - Session 2027-28
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 (Candidate'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: **Sat, 28th November 2026** Reporting Time: _____ Registration Date: _____

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



Application For Admission - Session 2027-28
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 (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: **Sat, 28th November 2026** Reporting Time: _____ Registration Date: _____

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

Contact Information:

- **Email:** admissions.hps@habibschools.edu.pk
- **Phone:** 021-35652434-37 (Ext - 217)
- **Admission Office Calling and Visiting Hours:**
 - Only Monday to Friday, between 10:00 AM and 12:00 PM