HABIB PUBLIC SCHOOL

Academic Session 2027-28

APPLICATION FOR ADMISSION for **Class** ____

- Registration Form Fee Rs. 3,000/- (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 meeting age and academic criteria.

Registration #

To be filled in by the school

Attach recent photograph here. **(Passport Size)**

A) Candidate's Information

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

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.

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: _____ 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)

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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? _____

****

28. 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 **white** background: *(to be pasted in this form)*
   - **1** passport-size photograph. *(on page 01)*
   - **3** (1x1) photographs. *(on 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 comply with all rules and regulations currently in force, as well as any that may be introduced by the school authorities from time to time.
   (a) I further undertake that, as long as my child remains a student of HPS, he will not engage in any activity, within or outside the school premises, that may interfere with the administration, or bring disrepute to the institution, its discipline, or the prestige of its teachers, nor will he be a party to any anti-institutional activities.
   (b) I agree and accept that the decision of the Principal shall be final in all matters regarding the applicant's admission outcome and subsequent academic performance at HPS.
2. The school reserves the right to refuse admission if it has reason to believe that the child's age falls outside the prescribed age criteria. This decision shall be at the sole discretion of the school. If, at any stage, the child's age is found to be outside the criteria, his admission/seat shall be forfeited.
3. If, at any stage, any information provided is found to be incorrect, false, or misleading, it shall result in the withdrawal of the applicant's admission.
4. I hereby declare that all the particulars provided above are true and correct in all respects.

Signature of **Father**	Signature of **Mother**	Signature of **Guardian** (if applicable)

Date: _____

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: **Saturday, 6th Feb 2027** Reporting Time: **08:30 am** Registration Date: _____

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

Application For Admission - Session 2027-28

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Moulvi Tamizuddin Khan Road, Karachi-74200
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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: **Saturday, 6th Feb 2027** Reporting Time: **08:30 am** Registration Date: _____

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

This form is only for candidates meeting age and academic criteria.

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