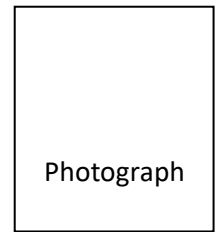




Registration No: _____



Dawood Public School

Saturday School Admission Form (DPS Students)

Name of the Student: _____

Class/Section: _____ Date of Birth: _____

Mother's Name: _____ Cell #: _____

CNIC # Mother: _____ Email Address: _____

Father's Name: _____ Cell #: _____

CNIC # Father: _____ Email Address: _____

Residential Address: _____

Student's email address, if any: _____ Cell #: _____

Emergency Contact:

Name: _____ Cell #: _____ : Relationship: _____

Register for the following programs:

1. _____
2. _____
3. _____

Note: The school does not take responsibility in case of any unfortunate unforeseen incident that may occur.

Parent's Signature: _____

Date: _____

For Office Use only

Registration slip for Saturday School

Name: _____ Father's Name _____

Class/Section: _____

Received sum of Rs. _____ on account of Registration fee for the following programs.

Programs Registered for:

1. _____
2. _____
3. _____

Admission Officer's Signature: _____

Date: _____