



Registration No _____

Dawood Public School

Saturday School Registration Form (DPS Mothers)

Name: _____

Date of Birth: _____ Profession: _____

Organization: _____ Designation: _____

Marital Status: _____ CNIC _____

Email Address: _____ Cell # _____

Father's/Husband's name: _____

Father's /Husband's Cell # _____

Father's/Husband's CNIC: _____ Email Address: _____

Residential Address: _____

Emergency Contact:

Name _____ Cell #: _____ Relationship _____

Kindly mention the details of children studying in DPS :

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

1: _____

2: _____

3: _____

Note: The school does not take responsibility in case of any unfortunate unforeseen incident that may occur, which is beyond human control.

Applicant's Signature: _____ Date: _____