



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: \_\_\_\_\_