



Registration No: _____

Photograph

Dawood Public School

Saturday School Admission Form (DPS Students)

Name of the Student: _____

Class/Section: _____ Date of Birth: _____ Age: _____

Mother's name: _____ Cell # _____

CNIC # Mother: _____ Email Address: _____

Father's Name: _____ Cell # _____

CNIC # Father: _____ Email Address: _____

Residential Address: _____

Personal Email Address of the student, 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, which is beyond human control.

Parent's Signature: _____ Date: _____