



Al-Huda Model School

Student Admission Form

Photograph

Thank you for considering Al-Huda Model School for your child's education. Please read the instructions and conditions overleaf before filling out the information below. Please complete each section in BLOCK CAPITALS using black ink.

Student Information

Full Name	<input type="text"/>	Applying for Grade	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Nationality	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		

Father/ Guardian Information

Father's Name	<input type="text"/>	Guardian's Name	<input type="text"/>
Qualification	<input type="text"/>	Occupation	<input type="text"/>
Designation	<input type="text"/>	NIC No	<input type="text"/>
Office Address	<input type="text"/>		
Ph Home	<input type="text"/>	Work	<input type="text"/>
Cell	<input type="text"/>	E-mail	<input type="text"/>

Mother Information

Name	<input type="text"/>	Qualification	<input type="text"/>
Job	<input type="text"/>		
Office Address	<input type="text"/>		
Ph Home	<input type="text"/>	Work	<input type="text"/>
Cell	<input type="text"/>	E-mail	<input type="text"/>

For Office Use Only

Selection Committee

Admission Test	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
Remarks	<input type="checkbox"/> Conditionally admitted	<input type="checkbox"/> Undertaking from parent/ guardian	
Recommended for admission in class:			

Principal

Admitted	<input type="checkbox"/>	Not Admitted	<input type="checkbox"/>	Sign	<input type="text"/>	Date	<input type="text"/>
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Admittance Information

Total dues paid	<input type="text"/>	Receipt No	<input type="text"/>	Remarks	<input type="text"/>
Admission No.	<input type="text"/>	Date of Admission	<input type="text"/>	Class/ Section	<input type="text"/>
Roll No.	<input type="text"/>				

Accountant signature _____

Date _____

Check List

Birth certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School leaving certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father's/Guardian's CNIC card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Passport size photographs	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Instructions and Regulations

- Write legibly and carefully. Fill out every field of this application. Write (NA) if not applicable.
- Provide most recent information and attach all required documents
- Parents are responsible to provide accurate information. The school reserves the right to deny or revoke admission to students if records show that false or misleading information has been provided on the application form.
- Decision of the Principal/administration in all matters relating to admission, discipline, academics etc shall be final and binding
- If performance in studies or behavior is unsatisfactory; the school has the right to cancel admission. However, the student can be asked to leave early if he/she is found guilty of breaching discipline.

Check List: Please check if you have attached:

- Attested photocopy of birth certificate
- Original school leaving certificate (if applicable)
- Previous school report (if applicable)
- Attested photocopies of Father's/Guardian's CNIC card.
- Three (3) passport size photographs

Tuition Fees and Financial Agreement

- Monthly payments are due in full by the 10th of every month.
- For overdue accounts, a first warning will be issued by the 15th of the month. A second warning with an expulsion notice will be issued by the end of the month. After the second warning, student will not be accepted back in class (He/ She will be sent home) until balance is paid in full along with late fees. Missed class time and material will not be compensated.
- In case of a justified withdrawal from the school (for example, moving out to another school/city), parents / legal guardian is responsible for full tuitions up to the end of the withdrawal month.
- Any **outstanding balance** from last year **must be paid** before the start of new school year. **Failure to pay outstanding balance in full will result in denial of admission.**

Additional Information

SIBLING (Brothers / Sisters)

Name	Age	School	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that I have read and understood all the terms and conditions and that I agree to abide by all of them. I understand that withholding of information or incorrect information may disqualify the applicant for admission or may be later used for the applicant's withdrawal or dismissal.

I also acknowledge that while school does its best to ensure the safety of each child, the school cannot be held responsible for any untoward incidence or accident.

Parent/ Guardian Signature _____

Date

Signatory's Name _____

Relationship with child