



AL-HUDAA

SCHOOL SYSTEM SIALKOT



STUDENT REGISTRATION FORM

REGISTRATION NO _____ FAMILY NAME _____ campus _____

STUDENT PROFILE

STUDENT NAME _____

FATHER,S NAME _____

DATE OF BIRTH _____ (IN WORDS) _____

GUARDIAN C.N.I.C # _____

IDENTIFICATION MARK _____

CONTACT#(HOME _____ FATHER _____

MOTHER _____ OTHER _____

CLASS (IN WHICH ADMISSION REQUIRED) _____

PREVIOUS SCHOOL _____

SIBLINGS _____ , _____ , _____ , _____

FOR OFFICE USE ONLY

ADMISSION TEST REPORT _____

CLASS (IN WHICH ADMISSION DONE) _____

ADMISSION FEE _____ FEE DECIDED _____

PRINCIPAL