

MUKAF LEARNING CAMPUS

REGISTRATION

PHOTO

Sr No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:**

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First Name

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Middle Name

Male Female

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Last Name

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Place of Birth

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Date of Birth

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**RESIDENCE:**

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Present Address

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Postal Address

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Phone

Phone

**PARENT INFORMATION:**

Window(er)

Separated

Divorced

Married

**Family Status:**

If there is any information that the school needs to made aware of, please indicate below, i.e. custody issue, special family circumstances, etc.

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Father’s First Name

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Middle Name

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Last Name

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Qualification

Faculty

Govt Employee

Business

Employed

Self Employed

Occupation

Designation

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Company Name

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Company Address

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Phone

Father’s Personal Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s First Name

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Middle Name

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Last Name

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Qualification

Govt Employee

Faculty

Business

Employed

Self Employed

Occupation

Designation

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Company Name

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Company Address

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Phone

Mother’s Personal Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIORITY CONTACT:**

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Priority Cell No. for School Messages:

Priority Email for School Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At MUKAF learning Campus (real brother(s)/Sister(s) only)

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OnRollYesNO From \_\_\_\_\_\_To\_\_\_\_\_\_
2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On Roll Yes NO From \_\_\_\_\_\_To\_\_\_\_\_\_
3. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On Roll Yes NO From \_\_\_\_\_\_To\_\_\_\_\_\_
4. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On Roll Yes NO From \_\_\_\_\_\_To\_\_\_\_\_\_

**Previous School Record (if applicable):**

Name of Last School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade of Leaving

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Date of leaving

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Reason for Leaving Previous School? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Has your Child received/been assessed for any kind of leaving or behaviour support and/ or experienced any learning difficulties? Yes No

**Applicant’s Health Information:**

Does the applicant suffer from any of the following condition?

Asthma Epistaxis (nose-bleed) Diabetes

Long Sightedness Hearing Problem Hay Fever

Color Blindness Tuberculosis Epilepsy

Short Sightedness Eczema

Allergies (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other condition and disability of applicant (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Person to contact in emergency (Other than parents):

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship With applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone Residence:

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Mobile:

Home Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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2 recent passport sized photographs (child name written on the back of each photograph).

Copy of the B-from (NADRA ONLY).

Copy of the previous school report (if applicable).

Copy of the school leaving certificate (if applicable).

Copy of both parents CNIC.

**Declaration of parent / Guardian / Applicant:**

1. I wish to register my son/ daughter for admission at MUKAF and understand that admission is subject to availability of seat and successful clearance of the admission test and interview. Rights of admission reversed by the school management.
2. All information provided in this form is correct and accurate to the best of my knowledge.
3. I have read and understood the detailed fee rules and information attached/ available with the school administration.
4. I agree to abide by all rules / regulations and make fee payments promptly and within due dates
5. In case of any disagreement with the management of MUKAF, I will not involve MUKAF or any of its staff into legal suit.
6. I certify that neither I, nor my ward will indulge in any activity that might harm institution or its image in any respect.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Parent / Guardian’s / Signature

**For Official Use:**

Documents Checklist: Received Not Received

1. CNIC Copy of father / Legal Guardian & Mother
2. 2 recent photographs of applicant
3. Student’s Birth Certificate (NADRA only)
4. School leaving Certificate from last school attended
5. Registration fee

Reg. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test/Interview: \_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_

Accepted for admission to class\_\_\_\_\_\_\_\_\_\_\_\_ Conditional Admission

Pending interview assessment Rejected

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Principle / Admission Officer Principle

Academic Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CARE

**Student Information:**

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Child’s First Name

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Middle Name

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Last Name

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Date of Birth

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Place of Birth

Gender Male Female Blood Group: \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (other than parent):**

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First Name

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Middle Name

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Last Name

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Relationship

Phone (Res)

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Phone (Office)

Fax NO. (Res)========

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Cell No.

**Doctor’s Information:**

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First Name

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Middle Name

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Last Name

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Clinic Address

Phone (Res)

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Phone (Office)

Fax NO. (Res)========

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Cell No.

**Immunization Record (Please mark the appropriate):**

Mandatory Optional

BCG DPT1 & Polio3 Typhoid/Cholera Chicken Pox

DPT1 & Polio1 Measles Meningitis MMR

DPT1 & Polio2 Hepatitis B

**Please mark if your child has had any of the following illnesses:**

Chicken Pox Diabetes

Measles Epilepsy

Mumps Febrile Convulsion

Skin Disease Asthma

Know Diseases/ Allergies/ Physical or Psychological problems that the school must know about

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your child taking any long-term medication / allergic to any medication? Yes, No if yes, please provide details below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please attach details from paediatrician regrading measure to be taken in case of emergency concerning the above mention condition.

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s / Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s / Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_