



THE LEARNING SCHOOL & COLLEGE

(A Project of Kot Radha Kishan Development Trust)

Kot Radha Kishan (Distt Kasur). Ph: 049-2380235

ADMISSION FORM

Insert
Picture

Date of Admission: _____

FOR OFFICE USE ONLY

Admission No.		Admitted Class		Current Class		Section	
		Family No.		Medium		Form No:	
Kasur		Approved/Not Approved by Selection Committees				Student Status	

STUDENT BIODATA

Student Name		Date of Birth		Place of Birth	
B.Form No.		Gender		Blood Group	
Cell # for SMS		Home Tel #		Email.	
Any Medical problem		Does the child have any physical handicaps?			

Father's Information

Father's Name		CNIC #		Cell #	
F. Occupation		Monthly Income		OFF.TEL NO.	
Casts		Address of Business / Employer		Email.	

Mother's Information

Mother's Name		CNIC #		Cell #	
M. Occupation		Monthly Income		OFF.TEL NO.	
Name/Address of Business/Employer					Email.

Guardians Information

Guardian's Name		CNIC #		Cell #	
M. Occupation		Monthly Income		OFF.TEL NO.	
Name/Address of Business/Employer					Email.

EMERGENCY CONTACT NUMBER:

Emergency Contact Person's Name		Emergency Contact Person's Mobile No.	

Previous Institutions

Education	Admission No.	Year	Board/Institutions	Grade	T.Marks	Obtained Marks	Per %

Brother/Sister Studying

Student's Name	Class	School Name

Required Documents at the time of Registration:

1. Child Passport Size Photographs.
2. NADRA Birth Certificate.
3. Both Parent Copy of CNIC.
4. Copy of B Form.
5. Filling of the child's name will not be CHANGED later.