



AKBAR PUBLIC SCHOOL
REGISTRATION FORM

SECTION A

Reg. No. _____

1. Name of Student _____

2. Gender: ☐ Male ☐ Female

3. Name of Father _____

4. Profession of Father/ Guardian _____
(in capital letter)

5. Qualification of Father/ Guardian _____

6. Position and Designation Presently held _____

7. Business / Office Address _____

8. Name of Mother _____

9. Qualification of Mother _____

10. Profession of Mother _____

11. Total monthly income of Parents/ Guardian _____

12. Date of Birth _____

13. Age _____

14. Address _____

15. Cell # of Father _____

16. Cell # of Mother _____

17. Telephone # _____

18. Office # _____

19. Admission required in class _____

20. Religion _____

21. Number of siblings in APS with name & class _____

PHOTO

Free of Cost

Note: This form is valid only for Registration, not guarantee for Admission.

Date: _____ Signature of Father/ Guardian _____

(For Office Use)
SECTION B

Reg. .No. _____

Date of Registration: _____

Grade Allotted (tick only) A ☐ B ☐ C ☐

Registered by: _____
(Name & Sign.)

Short Listed: Yes ☐ No ☐

Communicated: Yes ☐ ☐

Date of Interview: _____

Communicated to: _____

Signature: _____
(Head of Committee)

Communicated by: _____
(Name & Sign.)

Assessed by _____ Grade ☐ ☐ ☐

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(For Parents)

Reg. No.

Name of Student _____

Registered in class _____

Date of Registration: _____

Registered by: _____
(Sign & Stamp)

Note: This registration is not guarantee for admission.

www.akbarpublicschool.edu.pk

Phone # 021-36902091, 021-36903468