

BRIGHTSIDE HIGH SCHOOL

27B (IV) CHINAR ROAD, UNIVERSITY TOWN PESHAWAR mobile: 0348-9991990, email:bhspesh@gmail.com

SCHOOL REGISTRATION FORM

STUDENT'S PERSONAL DETAILS			
Student Name:	Parent/Guardian's Name:		
Date of birth: / /	Gender: (M / F)		
Nationality:	Place of birth:		
What is the student's primary language?			
	Other Languages:		
Current School:			
Current Grade:	Grade applied for:		
Expected entry date:			
PARENT/GUARDIAN DETAILS			
PARENT 1/GUARDIAN 1 DETAILS (enrolling parent/guardian)	PARENT 2 /GUARDIAN 2 DETAILS (enrolling parent/guardian)		
Mr./Mrs./Ms./Other:	Mr./Mrs./Ms./Other:		
Name:	Name:		
Gender:	Gender:		
Relationship to student:	Relationship to student:		
Employment status:	Employment status:		
Work location:	Work location:		
Mobile number:	Mobile number:		
Whatsapp number:	Whatsapp number:		
Nationality:	Nationality:		

ADDRESS				
Mailing Address				
0			(IF DADENTS (CHARDIANS	
	EMERGEN	NCY CONTACT	(IF PARENTS/GUARDIANS CAN'T BE CONTACTED)	
Full Name:		Work Phone:		
Relationship to child:		Mobile Phone:		
Other contact info:				
SIBLING DETAILS				
No	Child's Name	Date of Birth	School	
1				
2				
3				
4				
5				
FOR OFFICE USE ONLY				
Admission Office:				
Accepted:		Date Accepted:	Date Accepted:	
Principal's Signature:				
Grade (at entrar	nce):	Date of entrance):	
Documentation Received from Parents/Guardians				
Birth Certificate/Passport:				
2. Previous academic records:				
3. Medical record form:				
4. Immunization records:				
5. Four Passport SIze Pictures:				
			Assessed by: (signature)	