

STUDENT ADMISSION FORM



ADMISSION DETAILS

☐ Pre Kindergarten ☐ Kindergarten



Attach a recent
passport size color
photograph

CHILD DETAILS

Child's Name: _____

Date of Birth: _____ DD / MM / YYYY

Gender: ☐ Boy ☐ Girl

Place of Birth: _____

B. Form No.: _____

PARENTS DETAILS



Father's Name: _____ CNIC Number: _____

Email (Father): _____

Mobile No. (Father): _____

Father's Occupation: _____

Address: _____

Mother's Name: _____ CNIC Number: _____

Email (Mother): _____

Mobile No. (Mother): _____

Mother's Occupation: _____

Address: _____

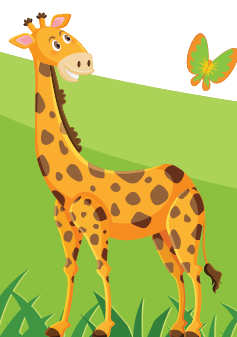
EMERGENCY CONTACT

Please provide details of any family member / friend who can be contacted in case of emergencies



Name: _____ Relation: _____

Phone (Res.): _____ Phone (Mob.): _____



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INFORMATION ABOUT CHILD HEALTH AND HABITS

Does your child have any medical conditions or allergies that we should be aware of? (e.g Asthma, Diabetes, Epilepsy)

Does your child require any medication to be administered due to above mentioned diseases?

(Please Note: we DO NOT administer any medication to the child at the Preschool)

In case of emergency of above-mentioned disease, how would you like us to respond, please be very specific about the instructions; (Please note we DO NOT administer any medication to the Child)

Does your child have any allergies? ☐ Yes ☐ No

If Yes, what are the allergens:

Does your child have a diagnosed medical condition or special need?

(e.g Autism, Down Syndrome, Cerebral Palsy or any other Physical Disability)

What accommodations or support does your child require to participate fully in preschool activities?

Are there any specific communication strategies or assistive technologies that we should use to support your child?

Are your child's vaccinations up to date: ☐ Yes (Please attach proof of vaccination) ☐ No

If No, please give details:

My child is: ☐ Toilet trained ☐ Wears a diaper ☐ Other

Signature

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SECURITY AND DROP OFF PROTOCOLS FOR NAWAZ SHARIF CENTER OF EXCELLENCE

1. An Authorization Card will be issued to your child at the time of admission which must be shown at the time of pick up at the center. Please ensure the card is in the custody of authorized signatory or someone you trust.
2. The child will be allowed to leave with the person who presents the authorization card.
3. The child will not be allowed to be picked up at home time without Authorization Card. In case the Authorization Card is not in the custody of authorized signatory or the person who comes for pick up, he / she will have to go through certain security protocols to be specified at the time of admission.
4. Only ONE adult is allowed per child during pickup and drop off.
5. Arms, drugs or any other illegal items are strictly prohibited inside the preschool premises.
6. Avoid bringing your child to school if he or she is sick. If the child has fever or a contagious flu, he/she will be sent back home. The child will only be allowed back if he/she is fever free for 24 hours.
7. Please cooperate with the security staff at all points.
8. The staff and support staff are here to serve you and care for your child.
9. Any misbehavior with anyone of our staff will not be acceptable and may lead to expulsion of your child.

PHOTOGRAPHY CONSENT

I hereby grant full permission to Nawaz Sharif Center of Excellence for ECE, the Preschool to use either my photograph and name (if necessary) or my child's photograph and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or name or my child's photograph and / or name.

☐ Agree

☐ Disagree

Parent's / Guardian's Full Name: _____

Relation: _____

Date: _____

Signature: _____

ACTIVITY AND EMERGENCY CONSENT

I hereby grant permission for my child to use all the play equipment and materials and participate in all activities at Nawaz Sharif Center of Excellence for ECE, the Preschool and also grant permission to the Preschool administration to take steps needed in a medical emergency for my child. This may include:

1. Calling the parent.
2. Calling anyone else on the child's list of emergency contacts.
3. Taking necessary action (e.g. administering first aid etc.) or taking the child to the hospital after consultation with the relevant people.

Parent's / Guardian's Full Name: _____

Relation: _____

Date: _____

Signature: _____



ACKNOWLEDGEMENT / UNDERTAKING BY PARENTS

I hereby confirm that the information I have provided in the Admission Form is complete, true and correct to the best of my knowledge and have attached the required documents.

Moreover, I have read and hereby agree with the following:

The Admission Form complete in all respect and signed / initialed where required	
Security and drop off protocols for Nawaz Sharif Center of Excellence	
Photography Consent	
Activity and emergency consent	
2 Passport size photographs of the child	
Copy of birth certificate	
Copy of B-Form	
Copy of CNIC (Father)	
Copy of CNIC (Mother)	
Copy of immunization record of the child	

Signature of Father: _____

Signature of Mother: _____

Date: _____

FOR OFFICE USE

Name of child: _____

Age on: _____ DD / MM / YYYY

Gender: ☐ Boy

☐ Girl

☐ Eligible

☐ Ineligible

☐ Deferred

Eligible for the Class:

☐ Pre-Kindergarten

☐ Kindergarten

Section:

☐ Pre-K Rose

☐ Pre-K Tulip

☐ Pre-K Jasmine

☐ Pre-K Lotus

☐ K Rose

☐ K Tulip

☐ K Jasmine

☐ K Lotus



Preschool Administration