

# Allied Schools

Project of Punjab Group of Colleges



*Growing Together*

## First Registration Form

(Please use CAPITAL LETTERS and leave one box space blank between child's name and Father's name)

<b>Child's Name</b>																					
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<b>Child's Age</b>	<b>Month</b>		<b>Year</b>		

Tick the appropriate box

**Gender**  Male  Female

**Admission Required for**  
(Tick the appropriate box)

Pre School		Elementary	
Pre School	<input type="checkbox"/>	Class-VI	<input type="checkbox"/>
Nursery	<input type="checkbox"/>	Class-VII	<input type="checkbox"/>
Prep	<input type="checkbox"/>	Class-VIII	<input type="checkbox"/>
Primary		Secondary	
Class-I	<input type="checkbox"/>	Class-IX	<input type="checkbox"/>
Class-II	<input type="checkbox"/>	Class-X	<input type="checkbox"/>
Class-III	<input type="checkbox"/>		
Class-IV	<input type="checkbox"/>		
Class-V	<input type="checkbox"/>		

**When is the admission required?**  
(Fill in the appropriate box)

**For Playgroup only**

April Session	This Year	Next Year
	<input type="text"/>	<input type="text"/>
September Session	This Year	Next Year
	<input type="text"/>	<input type="text"/>

**For Nursery to Class-X**

This Year	Next Year
<input type="text"/>	<input type="text"/>

**Mailing Address**

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**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parents to return this Registration Form to:**

(Respective Campus to stamp address here)

This form can be downloaded from:  
[www.alliedschool.edu.pk](http://www.alliedschool.edu.pk)  
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