



Akhtar International Learning School

Path to Lifelong Learning

Admission Form

Personal Information									
Student's Full Name:									
First Name:		Middle Name:		Last Name:					
Date of Birth: Day: _____ Month: _____ Year: _____ (Attach copy of birth certificate)									
Place of Birth: City: _____ State/Province: _____ Country: _____									
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other									
Nationality:					Religion:				
Home Address:									
City:					Postal Code:				
Preferred Language(s) of Communication:									
Class Applying For:		<input type="checkbox"/> Pre-Nursery	<input type="checkbox"/> Nursery	<input type="checkbox"/> KG	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3	<input type="checkbox"/> Class 4	<input type="checkbox"/> Class 5
(Please specify class if above Class 5): _____									

Family Information			
Father's Full Name:		Father's Occupation:	
Phone:		Email:	
Mother's Full Name:		Mother's Occupation:	
Phone:		Email:	
Guardian's Full Name (if applicable):		Guardian's Relationship to Student:	
Siblings Information (If any are studying at Akhtar International Learning School)			
Sibling 1 - Name:		Class:	
Sibling 2 - Name:		Class:	
Sibling 3 - Name:		Class:	

Admission Form (V.1.0)

Address: Near Isalam City, Ladhawala Warraich, Gujranwala

Phone: +92 306 8731934

Email: admin@ails.school

Website: www.ails.school



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Educational Background (If Applicable)			
Previous School Attended (if any):			
Name:		Address:	
Grade/Class Completed:		Academic Achievements or Awards (if any):	
Reason for Leaving Previous School:			

Health Information					
Blood Group:					
Does the child have any known allergies or health issues?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, please specify:					
Is the child on any medication?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, please specify:					
Emergency Contact Information (if different from parents/guardian):					
Name:		Relationship:		Phone:	

Additional Information	
1. Does your child have any special educational needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	
Preferred Mode of Transport to School:	<input type="checkbox"/> School Bus <input type="checkbox"/> Private Transport <input type="checkbox"/> Walking

Parent/Guardian Consent	
Permission for School Trips/Excursions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for Photography (to be used in school promotions, social media, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby confirm that the information provided in this application form is correct and complete to the best of my knowledge. I understand that falsifying information may result in the cancellation of admission.	
Parent/Guardian's Name:	
Signature:	
Date:	



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Required Documents Checklist	
Copy of Birth Certificate	<input type="checkbox"/>
Recent Passport-Sized Photographs (3)	<input type="checkbox"/>
Previous School's Academic Records (if applicable)	<input type="checkbox"/>
CNIC Copies of Parents/Guardian	<input type="checkbox"/>
Health Certificate/Immunization Record	<input type="checkbox"/>
Proof of Address	<input type="checkbox"/>

Office Use Only			
Date of Admission Test:			
Test Results:			
Documents Verified by:			
School Admission Fee			
Tuition Fee			
Admission Status:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Wait-listed
Admission Number:			
Class Allocated:			

Thank you for choosing **Akhtar International Learning School** for your child's education! We look forward to a fruitful academic journey with your family.

For inquiries, contact:

Phone: +92 330 7962551

Email: admin@ails.school