



The Concept School System

Tech Campus

ADMISSION FORM

SNAP

Ref by: _____ Form # _____

Admission Date: _____ Registration No: _____

STUDENT'S INFORMATION

1. Student's Name

(In Capital Letter)

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Student's B-Form #

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Class in which Admission in Sought _____

Gender	Male	☐	Female	☐	Date of Birth:									
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PARENTS INFORMATION

Father's/Guardian's
Name

(In Capital Letter)

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Father's/Guardian's
C.N.I.C, #

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Present Address: _____

Occupation: _____ Designation: _____

Cell # _____ Whatsapp # _____ Emergency # _____

Nationality: _____ Religion: _____

PREVIOUS SCHOOL INFORMATION

School Name: _____ Class of the student _____

School Leaving Certificate: Attached ☐ Not Attached ☐ Reason of Leaving _____

ADMISSION DETAILS FOR OFFICIAL USE ONLY

Reg. Fee: _____ Admission Fee: _____ Monthly Fee: _____

Security: _____ Other: _____ Total: _____

First Payment at the time of registration: _____

Remaining Payment: _____

Admission: ☐ Granted ☐ Rejected ☐ Provisional

Admission Test Result: _____ Grade Admitted: _____

AFFIDAVIT

I have fully checked and verified the legal status of the institution and I am fully satisfied about this and I have no objection on this. Furthermore, I authorize THE CONCEPT SCHOOL SYSTEM to give medical aid or treatment in case of any emergency. I understand that all amounts except security are non-refundable. I have read all the details and terms and conditions provided in the prospectus and I will fully abide by this.

Signature of Parents/Guardian: _____