



PRIME STAR ACADEMY SCHOOL & COLLEGE ABBOTTABAD

**Please Complete This Form And Return It To:
Administration Office Instruction**

- All information should be correct
- CNIC copy of Father / Guardian is compulsory to attach with Admission Form
- Admission & Monthly Fee ones paid shall not be refundable
- Copy of Last School Exam report card is compulsory to attach
- Attach the copy of CNIC of Parents or Guardian
- Copy of Computerize Nadra Registration form or Birth Certificate is compulsory for all students
- Leaving Certificate of last attended school, counter signed by concern authority is compulsory to attach

Note:- Please complete each section in Block Letter by using ink.

Day Scholar Boarder Day Boarder

ADMISSION FORM

Admission Seeking in :		<input type="checkbox"/> Main Campus Supply		<input type="checkbox"/> Nawashehr Campus	
Seeking Admission in Class : (Tick the Class Box)		<input type="checkbox"/> Play Group		<input type="checkbox"/> Nursery	
		<input type="checkbox"/> Prep		<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
		<input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Miss	Candidate Full Name			
Father Name			Father Contact#		
Present Address					
Permanent Address					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth		Age	
Date of Birth	D D / M M / Y Y Y Y			Nationality	
Mark of Identification			Caste		Religion
Class Of Presently Studying	<input type="checkbox"/> Play Group <input type="checkbox"/> Nursery		<input type="checkbox"/> Promoted		Medical Fitness Details (Click the Box)
	<input type="checkbox"/> Prep <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd		<input type="checkbox"/> Not Promoted		
	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th		<input type="checkbox"/> English Medium		Any Medical Disease (Click the Box)
	<input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th		<input type="checkbox"/> Urdu Medium		
Last School Name & Address					<input type="checkbox"/> Medical Fit <input type="checkbox"/> Medical unfit if
					<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes
Father Occupation					
Father CNIC#					
Father Work Place	<input type="checkbox"/> Abbottabad <input type="checkbox"/> Lahore <input type="checkbox"/> Karachi <input type="checkbox"/> Quetta <input type="checkbox"/> Peshawar				
	<input type="checkbox"/> Islamabad / Rawalpindi <input type="checkbox"/> Other City <input type="checkbox"/> Foreign Country				
Father Working Department / Sector	<input type="checkbox"/> Government <input type="checkbox"/> Semi Government		Father Qualification		
	<input type="checkbox"/> Private Sector <input type="checkbox"/> Labour <input type="checkbox"/> Overseas		<input type="checkbox"/> Primary <input type="checkbox"/> Middle		
Department / Organization Name			<input type="checkbox"/> Matric <input type="checkbox"/> Intermediate		
Office#	E-mail		<input type="checkbox"/> Bachelor <input type="checkbox"/> Master		
Father Work Place Address					
Income					



Main Campus: Capt. Amir Shaeed Road, Supply Abbottabad.
 MD Contact # 0313-1255601, Principal Contact # 0313-1255637
 Nawanshehr Campus: Jharian Road, Opposite Veterinary Hospital, Nawanshehr
 MD Contact # 0313-1255601
 Rah-e-Fazeelat Campus Kehal Abbottabad
 MD Contact # 0313-1255601, Principal Contact# 0316-5556695

Sibling Details: (Brother & Sister) if any already enrolled in Prime Star Academy

S.No	A/C#	Name of Child	Gender	Class	Admission Year	Campus	Sibling Discount
1			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Supply	<input type="checkbox"/> Yes
2			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Nawansher	<input type="checkbox"/> No
3			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Supply	<input type="checkbox"/> Yes
4			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Nawansher	<input type="checkbox"/> No
5			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Supply	<input type="checkbox"/> Yes
6			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Nawansher	<input type="checkbox"/> No
7			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Supply	<input type="checkbox"/> Yes
8			<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> Nawansher	<input type="checkbox"/> No

Guardian Information (if other than Father)

Guardian Name	CNIC#
Occupation	Actual Relation With Candidate
Present Address	Give Any 2 Mobile # 's

Emergency Contact # Any 2 Nearest Blood Relationship

1. Name	
Phone #	
Relation	
2. Name	
Phone #	
Relation	

Under Taking by the Parents or Guardian

I _____ Father / Guardian of _____ Class _____ do hereby solemnly declare and affirm that. The particular submitted by me about son / daughter / ward are correct to the best of my knowledge and belief. I have read all the rules & regulations given in the application form as well as in the affidavit for admission and accept to abide by the same. I also affirm to be in the agreement with the school administration for any other rules & regulations introduced / implemented from time to time future. I will pay all school dues within stipulated time/ period I will have no claim for any amount remitted as school dues, in case I withdraw my son / daughter / ward for any reasons.

Date: _____ Parent / Guardian Signature: _____

Note: All the correspondence regarding circulars, notification any other updates shall be made through E-mail in order to ensure that we have a valid phone number & E-mail address where you can be reached at all times, please inform us of all phone number & E-mail changes

For Office Use only:

Student Admittance Information

Security Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Registration No # _____	Free Deposit Receipt # _____
Admission Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Fee Rs : _____	Adm Fee Installment Details 1. _____
	2. _____	3. _____
		Monthly Fee: _____

Monthly Fee Month Name: _____ **Total Fee Deposit Amount:** _____

Date of Admission: _____ **Class in Admitted:** _____ **House:** _____ **Section:** _____

Final Decision by Vice Principal: Entry Test Pass Fail Admission Approved : Admitted Not Admitted

Total Mark of Test : _____ **Obtained Mark:** _____ **Percentage :** _____

Interview Remarks: _____

Principal Remarks: _____

Date: _____ **Principal Signature :** _____