



▪ since 1958 ▪

# ADMISSIONS FORM

Child's Name: \_\_\_\_\_

Applying for the Year \_\_\_\_\_



For Office Use only
Date of Application: _____
Class Applied For: _____
Probable Date of Entry to the School: _____
Application Fee Paid: _____

## Application For Admission

**Student Details**

Family Name of Child: \_\_\_\_\_

Middle Name of Child: \_\_\_\_\_

First Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Nationality: \_\_\_\_\_

**Family Details**

Home Address in Pakistan

\_\_\_\_\_

\_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Address Outside Pakistan

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

<p><u>Father's Details</u></p> <p>Name: _____</p> <p>Nationality: _____</p> <p>Occupation: _____</p> <p>Name of Organisation: _____</p> <p>Business Address: _____</p> <p>_____</p> <p>Email Address(s): _____</p> <p>Office Number: _____</p> <p>Mobile Number: _____</p>	<p><u>Mother's Details</u></p> <p>Name: _____</p> <p>Nationality: _____</p> <p>Occupation: _____</p> <p>Name of Organisation: _____</p> <p>Business Address: _____</p> <p>_____</p> <p>Email Address(s): _____</p> <p>Office Number: _____</p> <p>Mobile Number: _____</p>
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Guardian's Details (if applicable)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship with Child: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

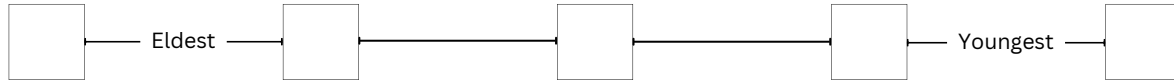
Email Address: \_\_\_\_\_ Office Number: \_\_\_\_\_



### Sibling Information

Number of Children in the Family: \_\_\_\_\_

Position of the Child in the Family:



Do the child's siblings attend BOS?  Yes  No  Other \_\_\_\_\_

If yes, please specify:

1) Name of Sibling: \_\_\_\_\_

Class of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

2) Name of Sibling: \_\_\_\_\_

Class of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Have the child's siblings applied to BOS?  Yes  No

1) Name of Sibling: \_\_\_\_\_

For Which Academic Year? \_\_\_\_\_

2) Name of Sibling: \_\_\_\_\_

For Which Academic Year? \_\_\_\_\_

### Academic Information

First Language: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

Fluency In English:  Fluent  Moderate  None

Name of Current School(s)/ Preschool/ Play Group: \_\_\_\_\_

Address of Current School(s)/ Preschool/ Play Group: \_\_\_\_\_

Contact Details of Current School(s)/ Preschool/ Play Group: \_\_\_\_\_





## References

Please provide the details of two referees whom we may contact for recommendations. These to include the head teacher of the child's most recent school.

### Referee One

Referee's Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Referee Two

Referee's Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact Information

Please provide the contact details of two individuals we can reach in the event we are unable to contact you.

### Emergency Contact One

Full Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Emergency Contact two

Full Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_



### Medical Information\*

Name of Child: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Physician's Address and Contact Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the child had the following immunisations , please give dates:

- Tuberculosis BCG Vaccine  Yes \_\_\_\_\_  No \_\_\_\_\_
- HIB Vaccine:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Rubella Vaccine:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Polio Vaccine:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Mumps Vaccine:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Measles Vaccine:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Hepatitis A:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Hepatitis B:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Cholera:  Yes \_\_\_\_\_  No \_\_\_\_\_

Has the child ever had one or more of the following? If yes, please give dates:

- Scarlet Fever:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Chicken Pox :  Yes \_\_\_\_\_  No \_\_\_\_\_
- German Measles:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Mumps:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Whooping Cough:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Poliomyelitis:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Pneumonia:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Rheumatic Fever:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Allergies:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Epilepsy:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Convulsions:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Asthma:  Yes \_\_\_\_\_  No \_\_\_\_\_
- Eczema:  Yes \_\_\_\_\_  No \_\_\_\_\_

\*Please note, failure to declare known medical or educational needs may jeopardize your child's place at the school.





## Photography Permission

The British Overseas School is committed to sharing news and updates with our parent body and wider community in a timely and engaging way. As part of this, we may wish to include photographs of students participating in school activities and experiences.

Some of the ways these photos will be used are:

- School newsletter and publication
- School noticeboards
- School website
- School social media platforms

Please be assured that the British Overseas School will take all reasonable care to ensure that photographs are used appropriately, respectfully, and in line with our safeguarding standards.

I consent to the use of my child's photographs as described above.

I do not consent to the use of my child's photograph

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Mother's Signature

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Father's Signature

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Date

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Date



### **Undertaking**

We hereby submit this application request for the admission of our child to the British Overseas School, Karachi, for the academic year \_\_\_\_\_. By signing this application, we, the undersigned, acknowledge and confirm that we have read, understood, and accept the terms, rules, and regulations of the British Overseas School and its governing bodies, as outlined in the Parent Handbook currently in force, as well as any future modifications that may be made.

We certify that the information provided in this application is complete, true, and accurate to the best of our knowledge. We authorize the British Overseas School to request and obtain reports, transcripts, references, and any other relevant documentation necessary to verify the accuracy of the information submitted.

We fully understand and accept that any failure to provide accurate or truthful information may result in the rejection of this application or the termination of the student's enrolment at the British Overseas School, both initially and at any point during the student's attendance.

We further undertake to comply with all obligations and responsibilities as set forth by the school, the BOS principal, and its governing bodies.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



### **Required Documentation for Admission**

Please provide the following documentation to support this application:

- Copy of the Child's Birth Certificate
- Two Passport Size Photographs of the Child
- Two Passport Size Photographs of the Parents
- Copy of Child's Passport
- Copies of Passport and NIC of Child's Parents
- School Leaving Certificate (No Objection Certificate) From Most Recent School
- Copies of Child's School Reports for the Last Two Years
- Copy of Child's Psychological Assessment (if applicable)
- Application Fee