

AKAB SCHOOL FOR THE BLIND

ADMISSION FORM

Photo

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Candidate's Particular

Name:	
Father's Name:	
Mother's Name	
Date of Birth:	
Nationality	
School Last attended	
Class last attended passed	
Status of school last attended	
Class to which admission required	
Permanent Address:	
Email Address:	
Tel. No.	
Mobile No.	

Guardian's Particular

Name	
Relationship with the students	
Occupation	
CNIC No.	
Address: (if different from above)	
Tel No.	Mob #

Family Detail

S. No.	Name	Relationship to the student	Occupation	Disability if any	Nature of Disability

Learning Needs

Do you have a statement of special education needs	Does the child speak any language other than Urdu at home? If yes, please specify which languages these are
Does the child suffer from any illness which may affect the studies? If yes, please give details of any illness.	

My child is applying for

Full Boarding	Day /
Is the ASB your first choice	Yes / No/

For office Use only

Admission No.	Date /
Make sure you have attached the following documents: 1. School leaving certificate. 2. Three photograph 3. Progress report 4. Form B	