

ACADEMIC INFORMATION (Please use an extra sheet if needed)

Prior Schools Attended/Class	Date From	Date To	Address
1.	/ /	/ /	
2.	/ /	/ /	
3.	/ /	/ /	

General Information

Which grade are you applying for: _____

Campus _____

Need transportation?

Yes No

Any notable achievements or extracurricular activities?

Need Meal Facility?

Yes No

Parental Aspirations and Child's Interests:

What do you envision for your child's future, and how do you see Castle Mark School contributing to these goals?

What activities does your child enjoy during playtime, and are there specific subjects or areas of study they express a keen interest in?

Child Screen Time and Media Usage:

On average, how many hours per day does the child spend on screens (TV, computer, tablet, phone)? _____

How did you hear about us (Please mark one and name the source):

Word of Mouth Television Internet Reference Name of Source: _____

Medical Information

Indicate any health conditions that your child may suffer from, such as:

Asthma Heart Disease Epilepsy Allergy Other:

Please indicate if the student has had any major operations or injuries (Specify): _____

Indicate if the student takes any medication (Please explain): _____

This application becomes a binding contract upon the undersigned and when the applicant has passed all pre requisite entrance test/interviews and successfully been enrolled in the school. School Administration reserves the right to admit or reject the applicant if such action is deemed necessary and is seen in the best interest of the school. It is understood that classes are strictly limited and priority is given to those students and their siblings who are currently enrolled in the school.

Undertaking Form

I/We, (parent's name) _____ and (student's name) _____ agree and accept without reservation to abide by, and follow all rules, regulations, and procedures of Castle Mark-The Premier School.

1. If I withdraw my child from school for any reason, the school will return security deposit only
2. I will not challenge any decision of the Castle Mark School in any court of law.
3. If my child remains absent for one month without informing, the school has all the right to withdraw my child.
4. I acknowledge and accept the financial obligations for my child's admission, including the one-time Admission Fee, Tuition Fee, and Annual Charges, committing to timely payments as per the school's schedule, with awareness of potential fines for any delays.
5. In case I fail to deposit my child's fee on time, I will have to pay prescribed fine with fee.
6. I authorize Castle Mark School to photograph or video my child for publication in news, school social media platforms, journals, etc.
7. I agree to provide accurate and up-to-date emergency contact information for my child.
8. We accept the course of disciplinary action which will be instituted if any rule or regulation is not followed, and will also pay for any school property that is damaged by our child. We accept that the disciplinary and management Committee decision in all matters relating to the school is final.
9. Submitting wrong information in this application will lead to rejection of admission application.

Name: _____

CNIC #

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Parent's Signature _____ **Student's Signature** _____ **Date:** _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Admission Fee Received	<input type="checkbox"/> Fee Challan Received	<input type="checkbox"/> Test/Interview conducted	<input type="checkbox"/> Fathers CNIC attached
<input type="checkbox"/> Pictures Attached	<input type="checkbox"/> Birth Certificate Attached	<input type="checkbox"/> School Records Received	<input type="checkbox"/> Other _____

Application Received by (Name) : _____ Total Fee Rs: _____

Adjustment (If any): _____ Test Given (Yes/No) : _____ Score _____

Fee Due Date : _____ Grade/Class _____ Student ID # _____

Official Signature

_____/_____/_____
Date