

# REGISTRATION FORM

Sr. No. \_\_\_\_\_



Lahore Preschool



LEARNING ALLIANCE  
INTERNATIONAL



LEARNING ALLIANCE

RECENT  
PHOTOGRAPH

## STUDENT INFORMATION

First Name																															
Middle Name (s)																															
Last Name																<input type="checkbox"/> Male	<input type="checkbox"/> Female														
Date of Birth																					Place of Birth										
Nationality											Religion																				
NIC/Passport No.																															

## RESIDENCE

Present Address																																								
Postal Address																																								
Phone																					Phone																			

## PARENT INFORMATION

Family Status  Married  Divorced  Separated  Widow(er)

If there is any additional information that the school needs to be made aware of, please indicate below, i.e. custody issue, adoption, special family circumstances, etc.

Father's First Name																																								
Middle Name																																								
Last Name																																								
CNIC No.																					NTN:																			
Education																																								
Occupation	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Salaried	<input type="checkbox"/> Business	<input type="checkbox"/> Other _____																																				
Annual Income																																								
Designation																																								
Company Name																																								
Company Address																																								
Cell No.																					Phone																			

Father's Personal E-mail \_\_\_\_\_



**KINSHIP**

at LEARNING ALLIANCE/Lahore Preschool (real brother(s)/sister(s) only)

1. Name _____	On Roll <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	From _____	To _____
2. Name _____	On Roll <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	From _____	To _____
3. Name _____	On Roll <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	From _____	To _____
4. Name _____	On Roll <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	From _____	To _____

**PREVIOUS SCHOOL RECORD** (If applicable)

Name of Last School \_\_\_\_\_ Country \_\_\_\_\_

Date of Leaving 

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Grade of Leaving 

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Previous School E-mail \_\_\_\_\_

Reason for leaving previous school? \_\_\_\_\_

Has your child received/been assessed for any kind of learning or behaviour support and/or experienced any learning difficulties?  Yes  No**CO-CURRICULAR ACTIVITIES** (If applicable)

Please list in order of importance, all the co-curricular activities your child has been involved in			
Activity	Class & Year of Participation	Involved Since	Positions Held

**REGISTRATION REQUIREMENTS**

- All information and relevant documents provided are true and correct.
- Registration does not guarantee admission and the registration fee is not refundable.
- The applicant must be accompanied by at least one parent on the date of interview/test.
- If you are unable to keep the interview/test appointment, a new date must be obtained before the given date.
- An interview/test may be scheduled twice, and non attendance will result in cancellation of registration.
- Any false information provided will render this registration void.
- The following documents must be submitted with the registration form.

- 2 recent passport size photographs (child's name written on the back of each photograph).
- Copy of the Hospital's Birth Certificate.
- Copy of the B-form/Family Registration Certificate/NICOP/Smart Card or Passport (for foreign citizens)
- Copy of the previous school report (if applicable).
- Copy of the school leaving certificate (if applicable).
- Copy of both parents CNIC or NICOP

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Parent / Guardian's Signature: \_\_\_\_\_

# HEALTH CARE



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## Student Information

Child's First Name

Middle Name

Last Name

Date of Birth

Place of Birth

Gender  Male  Female Blood Group:

## Doctor's Information

First Name

Middle / Last Name

Hospital Address

Clinic Address

Cell No.  Phone Office

Email

## Immunization Record (please mark the appropriate)

### Mandatory

BCG  DPT1 & Polio3

DPT1 & Polio1

DPT1 & Polio2

### Optional

Typhoid/Cholera  Chicken Pox

Meningitis  MMR

Hepatitis B

## Please mark if your child has had any of the following illnesses

Chicken Pox  Diabetes Allergies: \_\_\_\_\_

Measles  Epilepsy \_\_\_\_\_

Mumps  Febrile Convulsions \_\_\_\_\_

Skin Disease  Asthma \_\_\_\_\_

## Other known Diseases / Physical or Psychological problems than school must know about (please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Is your child taking any long term medication or is allergic to any medication ? If yes, please provide details below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach details from pediatrician regarding measures to be taken in case of emergency concerning the above mentioned condition.

Student's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

# FEE RULES & REGULATIONS



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1. All dues, except Security Deposit, once paid are non refundable.
2. Fee for the full payment term is charged at the time of admission, irrespective of the month of admission.
3. Fee must be paid for the full term irrespective of absence or early withdrawal.
4. Fee must be deposited as per the fee bill issued and on the dates mentioned on the fee bill.
5. Fee bills are usually sent to parents through the student, at least fifteen days before the due date. It is the parent's responsibility to inform the Accounts Office in case the bill has not been received. In this case, parents must obtain a duplicate bill from the Accounts Office, and the payment dates shall remain as originally allotted.
6. In the event that fee is not paid, the school management reserves the right to disqualify a student from sitting examinations, withhold the progress / examination result or take the student off school rolls.
7. "Fee" includes the Tuition Fee, Utilities and Amenities.
8. Charges for all External Examinations, External Teaching Programmes, School Events, Field Trips, Photographs, School Magazine, Year Book, Syllabus Books, Exercise Copies, Stationery, Colaboratory, Sports Club, Music Club and fines will be levied as / when required. Charges for Computer Laboratory, Science Laboratories, Food & Nutrition Laboratory and Art Studio will be included in fee bills of O Level students as per their subject choice.
9. Late payment fines are payable without concession. After the last date of payment, a fine of Rs. 300/- per day, will be charged. Not receiving the fee bill is not considered a reason for delayed payment. Non payment may result in the cancellation of admission / enrollment.
10. If a child is absent without taking official approved leave, in writing, for a period of two weeks or more, he / she will be deemed to have left school and will have to undergo the complete re-admission procedure upon return.
11. A 50% discount in tuition fee applies to the fourth sibling and further, in order of birth. Siblings must share one or both parents. This discount is not available to family members outside the sibling relationship, such as cousins and other relatives.
12. An amount of Rs. 150,000/- will be charged as 'Advance Fee Payment' to all Aitchison applicants for the year they are to apply for the Entrance Examination. This amount will be adjusted in the last fee term of the same Academic Year. Fee for the full Academic Year will be charged to all Aitchison applicants irrespective of the month of Aitchison Entrance Examination. In the event that any fee remains unpaid, LEARNING ALLIANCE will be unable to complete, stamp or submit the Aitchison College 'Attestation Form'.
13. Students appearing for the CAIE O/A Level examination, must pay fee for full academic year by 28th February, for the year they appear in the above mentioned examination.
14. In case of withdrawal, a written application must be officially received by the School Office.
15. The Security amount may be used for running expenditure; however, this amount will be refunded at the time of withdrawal.
16. The difference in security, paid at the time of your child's admission and the current security, will be charged in your child's 1st term bill for the next academic year.
17. Security Refund and School Leaving Certificate will be granted only if:
  - a) Full fee for the term during which the pupil leaves has been paid
  - b) The parent has completed and submitted all withdrawal documents at least one month before the end of last paid fee term
  - c) All outstanding fee and fines including any damage to school property have been paid in full
  - d) The refund is claimed within six months from the date of withdrawal

18. The Security amount will be refunded within three months after the application is received

## Fee Payment Terms for an Academic Year

<b>1st term</b>	August & September
<b>2nd term</b>	October, November & December
<b>3rd term</b>	January, February & March
<b>4th term</b>	April, May, June & July

## Tentative Due Date

24th July
5th October
5th January
15th March

## Undertaking

**I have read, understood and agree (i) to the fee rules & regulations (ii) that there will be an annual increase in the school fee structure in the month of August (iii) that Income Tax will be levied as per Income Tax Ordinance 2001 and rules applicable thereto and (iv) that the management reserves the right to amend the fee structure and subsequent regulations as and when required.**

Student's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

# PARENT/GUARDIAN UNDERTAKING



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- I accept that the school reserves the right to place my child in the class deemed to be most appropriate, within the bounds of LEARNING ALLIANCE / LEARNING ALLIANCE INTERNATIONAL
- I hereby solemnly affirm that all information provided in the enrolment form and all other relevant documents provided to Lahore Preschool/LEARNING ALLIANCE are authentic and accurate to the best of my knowledge. I have not deliberately omitted/concealed any relevant fact(s).
- I completely understand that this admission is subject to the conditions and policies mentioned in the LEARNING ALLIANCE Policy Manual, and the Fee Rules and Regulations.
- I have carefully read and understood the Fee Rules and Regulations, which include fines, miscellaneous charges, security refund policy and agree to abide by them.
- I accept to clear all dues in time and pay all fines levied in case of late payment.
- I understand there will be an annual increase in the school fee structure in the month of August.
- My child and I will abide by all rules and regulations in the LEARNING ALLIANCE & LEARNING ALLIANCE INTERNATIONAL policy manual. The school management can amend the policy manual at any point in time and will inform the parents about any changes through e-mail/SMS.
- I understand that it is my responsibility to keep myself updated with policy manual, available on the school website.
- I understand that my child's regular attendance and interest in all class and school activities is essential.
- I will attend all Parent Teacher Meetings.
- I will also inform the school immediately of any changes in the family status or otherwise.
- I agree to my child participating in all mandatory educational and co-curricular activities arranged by the school.
- I will encourage my child to participate in all field trips in and out of Pakistan if required.
- I authorize the school to take my child to a suitable hospital and to undertake emergency measures, if required.
- I accept that all medical bills will be charged to parents.
- I authorize the school to run random testing (blood, hair follical, urine and saliva) for banned substances.
- I give permission for photographs of my child and myself to be taken if the school deems necessary and published in school publications, prospectus, website and/or bulletins.
- Furthermore, I assure the school management that all verbal or written communication with the school will be cordial and polite.
- I accept that the school has the right to take any step(s) necessary to protect its interest, safety of the students, discipline and environment.
- Violation of any school policy rules may result in immediate expulsion / compulsory withdrawal of the student.

## INDEMNITY

Although the school takes extreme precaution regarding the safety and security of each student on school premises and during all trips and events outside the campus. However, in the event of injury to my child, damage or loss of property while he /she is participating in any school activity on the school premises or outside or being transported to and from the school, I will not hold the school, any member of the school staff or the management responsible. The school undertakes, in the event of an emergency to make every effort to contact the parents urgently, however the management reserve the right to take any or all actions deemed necessary for the safety and well being of the student.

## DECLARATION

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
hereby agree to my son/daughter's admission in LEARNING ALLIANCE /LEARNING ALLIANCE INTERNATIONAL on all conditions set by the school. I understand that this is a private school and all matters pertaining to my child will be referred to the governing body. I understand that the Principal holds the right to give a final word in all conflicting matters. I agree to support any penalty and sanction that may be deemed appropriate concerning my child. Furthermore, I hereby authorize the transfer of all this information to the school's electronic database.

Student's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Campus options:**

 Lahore Preschool  
DHA

 Lahore Preschool  
Gulberg

 Lahore Preschool  
Faisalabad

 LEARNING ALLIANCE  
DHA

 LEARNING ALLIANCE  
Gulberg

 LEARNING ALLIANCE  
Faisalabad

 LEARNING ALLIANCE  
INTERNATIONAL - DHA

 LEARNING ALLIANCE  
Aziz Avenue

Previous Programme														
Term Recommended														
Test Date														
Term Admitted														
Age at Admission														
Bill Number														
Fee Paid on														

Previous Class														
Class Recommended														
Interview Date														
Class Admitted														
Fee Bill issued on														
Due Date														
Student's Roll No.														

**Specific Information** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Received By \_\_\_\_\_

Signature \_\_\_\_\_

Registered On 

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**COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

Admitted  Yes  No

Date \_\_\_\_\_

VP / SVP / Principal Signature \_\_\_\_\_

School Stamp \_\_\_\_\_



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**DHA Campus:**

32/1, J Block, DHA Phase - VIII, Lahore - Pakistan.  
Ph: 042 - 111-66-66-33, Cell: 0332 - 4222641 - 3

**Gulberg Campuses:**

7 - C, Ghalib Road, Gulberg II, Lahore - Pakistan.  
Ph: 042 - 111-66-66-00

9 - Aziz Avenue, Canal Bank, Gulberg - V, Lahore.  
Ph: 042 - 111-66-66-11

**Faisalabad Campus:**

1 - Amir Town, East Canal Road, Faisalabad - Pakistan.  
Ph: 041 - 111-66-66-33

<http://www.lahorepreschool.edu.pk>  
email: [info@lahorepreschool.edu.pk](mailto:info@lahorepreschool.edu.pk)

<http://www.learningalliance.edu.pk>  
email: [info@learningalliance.edu.pk](mailto:info@learningalliance.edu.pk)