

Sr. No. _____

[illegible][illegible]

Family Status	Married	Divorced	Separated	Widow(er)
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If there is any additional information that the school needs to be made aware of, please indicate below, i.e. custody issue, special family circumstances, etc.

[illegible]

Father's Personal E-mail _____

Priority Email for School Contact:

KINSHIP

at LEARNING ALLIANCE/LEARNING ALLIANCE INTERNATIONAL/Lahore Preschool (biological siblings only)

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

PREVIOUS SCHOOL RECORD

Please list in chronological order all the schools where your child received full or part time education from Class VI until O Level / MYP

FROM	TO	NAME OF SCHOOL	CLASS / COURSE

CO-CURRICULAR ACTIVITIES

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

ACADEMIC ACHIEVEMENTS

List all Academic honours and distinctions your child has received in the last 3 years. (Attach all relevant certificates and previous reports)

SUBJECT SELECTION

Please choose 1 course from each group.

Group 1:	English Language and Literature Urdu Literature
Group 2:	French Ab initio English B
Group 3:	Business Management Economics Psychology Global Politics
Group 4:	Environmental Systems and Societies Biology Chemistry Physics
Group 5:	Mathematics Applications and Interpretations Mathematics Analysis and approaches
Group 6:	Visual Arts Film

CONDITIONS OF REGISTRATION

- Registration does not guarantee admission and the registration fee is not refundable.
- The applicant must be accompanied by both parents on the date of interview.
- If you are unable to keep the interview, a new date must be obtained before the given date.
- An interview may be scheduled twice, and non attendance will result in cancellation of registration.
- Students taking Mathematics HL will be required to sit an entrance test in the subject.
- Please provide the following documents.

<input type="checkbox"/> 2 recent passport size photographs	<input type="checkbox"/> Copy of the Hospital's Birth Certificate.
<input type="checkbox"/> Copy of CNIC / Smart Card	<input type="checkbox"/> Copy of mock result
<input type="checkbox"/> Copy of Passport (first two pages only)	<input type="checkbox"/> Copy of O Level Certificate / MYP Certificate
<input type="checkbox"/> Copy of the school leaving certificate (if applicable)	<input type="checkbox"/> Copy of both parents CNIC

HEALTH CARE



Student Information

Child's First Name																																							
Middle Name																																							
Last Name																																							
Date of Birth																																							
Place of Birth																																							
Gender																																							
	<input type="checkbox"/> Male													<input type="checkbox"/> 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

<input type="checkbox"/> BCG	<input type="checkbox"/> DPT1 & Polio3
<input type="checkbox"/> DPT1 & Polio1	
<input type="checkbox"/> DPT1 & Polio2	

Optional

<input type="checkbox"/> Typhoid/Cholera	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Meningitis	<input type="checkbox"/> MMR
<input type="checkbox"/> Hepatitis B	

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

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes	Allergies: _____
<input type="checkbox"/> Measles	<input type="checkbox"/> Epilepsy	_____
<input type="checkbox"/> Mumps	<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Skin Disease	<input type="checkbox"/> 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



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 as per class requirement.
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. Students appearing for the CAIE O/A Level and DP examination, must pay fee according to due dates mentioned below, for the year they appear in the above mentioned examination.
13. In case of withdrawal, a written application must be officially received by the School Office.
14. The Security amount may be used for running expenditure; however, this amount will be refunded at the time of withdrawal.
15. 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.
16. 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
17. The Security amount will be refunded within three months after the application is received

Fee Payment Terms for an Academic Year

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

Tentative Due Date (for Regular Students)

31st July
30th September
31st December
15th March

Tentative Due Date

(for Aitchison/CAIE Applicants as per clause 12 & 13)

5th July
30th September
30th November
31st January

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



ADMISSION

- 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.

SCHOOL FEES

- 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.

GENERAL RULES and POLICIES

- 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 authorize the school to run random testing (blood, hair follicle, urine and saliva) for banned substances.
- I accept that all medical bills will be charged to parents.
- 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

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COMMENTS

FOR ACCOUNTS

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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

www.lainternational.edu.pk
www.learningalliance.edu.pk
info@learningalliance.edu.pk