

# A-LEVEL REGISTRATION

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



LEARNING ALLIANCE

PHOTO
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## STUDENT INFORMATION

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

## RESIDENCE

<b>Present Address</b>																												
<b>Postal Address</b>																												
<b>Phone</b>													<b>Phone</b>															

## 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.

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

Mother's First Name

Middle Name

Last Name

CNIC No.      NTN:

Education

Annual Income \_\_\_\_\_

Occupation  Self Employed  Salaried  Business  Homemaker  Other \_\_\_\_\_

Designation

Company Name

Company Address

Cell No.    Phone

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

Please tick the appropriate box to nominate one parent's CNIC / NTN to be used for tax deposits:  Father  Mother

Note: This tax amount will be added in the school fee bill and later deposited at FBR against information provided, in accordance with the Income Tax Ordinance 2001. This is a compulsory requirement as per FBR rules.

**APPLICANT'S SIBLINGS**

Name	1.	<input type="text"/>
School		<input type="text"/> Class <input type="text"/>
Name	2.	<input type="text"/>
School		<input type="text"/> Class <input type="text"/>
Name	3.	<input type="text"/>
School		<input type="text"/> Class <input type="text"/>
Name	4.	<input type="text"/>
School		<input type="text"/> Class <input type="text"/>

**EMERGENCY CONTACTS** (other than Parents)

Name	1.	<input type="text"/>
Relation		<input type="text"/>
Address		<input type="text"/>
Cell No.		<input type="text"/> <input checked="" type="checkbox"/> <input type="text"/> Phone <input type="text"/> <input checked="" type="checkbox"/> <input type="text"/>
Name	2.	<input type="text"/>
Relation		<input type="text"/>
Address		<input type="text"/>
Cell No.		<input type="text"/> <input checked="" type="checkbox"/> <input type="text"/> Phone <input type="text"/> <input checked="" type="checkbox"/> <input type="text"/>

**PRIORITY CONTACT**

Priority Cell No. for School Messages: + 9 2

Priority Email for School Contact: \_\_\_\_\_

**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**

Please list in chronological order all the schools where your child received full or part time education from class V until O Level / MATRICULATION

FROM	TO	NAME OF SCHOOL	CLASS / COURSE

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

**ACADEMIC ACHIEVEMENTS**

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

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**SUBJECT SELECTION**

Please mention below, 4 preferred subjects to pursue in A/AS Level.

1. _____	2. _____
3. _____	4. _____

**SCHOLARSHIP**

Has your child applied for Scholarship?  
If yes, then submit a filled out scholarship form at the time of registration.

NO  YES 

Tick the appropriate scholarship applied for: Academic  Debates  Sports

**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.
- 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 both parents CNIC
<input type="checkbox"/> Copy of CNIC / Smart Card	<input type="checkbox"/> Copy of mock result	<input type="checkbox"/> Character Certificate from Previous School
<input type="checkbox"/> Copy of the school leaving certificate (if applicable)	<input type="checkbox"/> Copy of O Level Certificate (when available)	<input type="checkbox"/> Copy of Passport (First two pages only)

# HEALTH CARE



## LEARNING ALLIANCE

### 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

Measles  Epilepsy

Mumps  Febrile Convulsions

Skin Disease  Asthma

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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



## LEARNING ALLIANCE

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 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

<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

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.**

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

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

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

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

# PARENT/GUARDIAN UNDERTAKING



## LEARNING ALLIANCE

### 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.
- 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 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 follicular, 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 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: \_\_\_\_\_





## LEARNING ALLIANCE

### **DHA Campus:**

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

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[info@learningalliance.edu.pk](mailto:info@learningalliance.edu.pk)