

Emergency contact name: _____

Relationship to student: _____

Occupation: _____

Cell no: _____ Office no: _____

Office Address: _____

E-mail: _____

General information:

1. Is there a medical condition, physical or mental handicap, mental or nervous condition, learning disability or attention deficit disorder of which the school should be aware?

Yes _____, No _____

If so, please describe the condition and list any medications the child is currently taking.

2. Does your child have any known allergies (ex: food allergies, insect bites, medicines, etc.)?

Yes _____ No _____

Please explain: _____

Please share with us any general habits of your child and areas of liking.

Note: In case of change of address or phone number kindly inform school.

Student will not be allowed to sit in class if School Fee's are pending for more than 2 months.

Documents required: -

- Please provide the child's Nadra Registration Form (bay form).
- Copies of National Identity Cards of parents.
- 2 (pp size) photographs of child.

PERMISSIONS:

I allow my child to take part in the programs and activities operated by Apex Education System.

I agree that my child(ren) may be photographed in conjunction with the school's activities and/or advertising campaigns.

I acknowledge that the school will take reasonable care and exercise due diligence within its premises during school time. However, I agree that I will not hold APEX Education System, or its management, or its employees responsible for any injury, loss or damage which might occur to my child while on their premises, using their facilities, or during school activities.

I allow that videos/pictures of my child may be taken by staff or media.

If a parent or guardian cannot be reached in case of accident or illness requiring immediate attention, I grant permission for the school to summon emergency medical services and to obtain hospital treatment.

I understand that the above permissions are granted assuming they are exercised in accordance with school regulations.

I also agree on behalf of myself and my child to release and hold harmless, the school, its agents and employees, from all claims, damages, or other liabilities which are not the result of gross negligence by this school, its agents, or employees. I also agree to indemnify the school for all damages incurred and/or caused by my child.

Parent/Guardian Signature: _____

GRANDPARENT INFORMATION: So that we can include your grandparents in our Grandparents' Club, invite them to various school activities, and keep them informed, please list their names and addresses.

	PATERNAL GRANDPARENTS	MATERNAL GRANDPARENTS
Name		
Cell no		
E-mail		

I hereby pledge that all information provided above is true

Signature of Parent: Father / Mother/ Guardian _____

Name: Father / Mother/ Guardian _____

Cell no: _____

Date: _____