

**ST. MARY'S ACADEMY
LALAZAR**

www.sma.edu.pk

APPLICATION FOR ADMISSION TO 'A' LEVEL

STUDENT'S FULL NAME

PHOTO

DATE OF BIRTH	PLACE OF BIRTH
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RELIGION	LANGUAGE
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SCHOOL ATTENDED FOR 'O' LEVEL

STUDENT'S HOME ADDRESS	TEL
	FAX
	E-MAIL

WITH WHOM THE STUDENT LIVES (TICK WHERE APPLICABLE)			
MOTHER	FATHER	STEPMOTHER	
STEPFATHER	GRANDPARENTS	GUARDIAN	

MOTHER'S NAME	FATHER'S NAME
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HOME ADDRESS	HOME ADDRESS
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HOME	OFFICE	HOME
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OFFICE			
TEL	TEL	TEL	TEL
FAX	FAX	FAX	FAX

EMAIL	EMAIL	EMAIL
EMAIL		

OCCUPATION	OCCUPATION
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IF THE STUDENT IS IN THE CARE OF A GUARDIAN
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GUARDIAN'S NAME

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HOME ADDRESS

HOME TEL	FAX	TEL	OFFICE FAX
EMAIL		EMAIL	

OCCUPATION

RELATIONSHIP WITH THE STUDENT

EMERGENCY CONTACT IF PARENT'S/GUARDIANS UNAVAILABLE e.g. RELATIVES/ NEIGHBOURS			
NAME			
HOME OFFICE	OFFICE	HOME	
TEL FAX	TEL FAX	TEL FAX	TEL FAX
EMAIL EMAIL	EMAIL	EMAIL	

NAME OF REAL BROTHER'S WHO ATTEND ST. MARY'S ACADEMY			
1.	<input type="text"/>	ROLL NO	<input type="text"/>
2.	<input type="text"/>	ROLL NO	<input type="text"/>
3.	<input type="text"/>	ROLL NO	<input type="text"/>

NAME OF REAL BROTHER'S WHO PREVIOUSLY ATTENDED ST. MARY'S ACADEMY			
1.	<input type="text"/>	ROLL NO	<input type="text"/>
2.	<input type="text"/>	ROLL NO	<input type="text"/>
3.	<input type="text"/>	ROLL NO	<input type="text"/>

IS FATHER AN OLD STUDENT OF ST. MARY'S ACADEMY ?

YES

YEAR ATTENDED

NO

'O' LEVEL EXAMINATIONS

CAMBRIDGE

LONDON

SUBJECTS ENTERED FOR

'A' LEVEL STUDY PREVIOUSLY UNDERTAKEN

SCHOOL ATTENDED

SUBJECTS

ANY INFORMATION THAT YOU WISH TO BE TAKEN INTO ACCOUNT IN THE SELECTION PROCESS

DECLARATION BY PARENTS

I understand that a decision with regard to my son's acceptance as a student for 'A' Levels at St. Mary's Academy will be made by the principal, after all relevant considerations including the result of his examination's have been taken into account.

The information given above, is correct and I am prepared to accept the Principal's decision as final, including the allocation of subjects.

If my son is admitted to St. Mary's Academy I agree to pay all the fees and other charges as levied from time to time and to ensure that my son abides by the rules of the school. In case of emergency and it is not possible for the school to contact the student's parents/guardian, we give our consent for the school authorities to seek emergency medical treatment for our son and agree to pay all costs involved in such treatment.

I have read the St. Mary's Academy 'A' level handbook and undertaken that I and my son shall abide by the requirements therein.

Signed

Signed

**MOTHER'S NAME (PLEASE PRINT)
PRINT)**

FATHER'S NAME (PLEASE PRINT)

DATE _____

FOR OFFICE USE ONLY:

Copy of 'O' Level Results Yes

Previous School Report Yes

Principals Recommendation

Birth Certificate Yes

Class To Which Admitted _____

Date Admitted _____

Roll No.

Register

Fee Register

Class List

File
