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| http://hamarapakistan.webs.com/photos/Coat_of_arms_of_Pakistan-1.png | **PEISG****Pakistan Embassy International Study Group.****STUDENT APPLICATION FORM** | Kızılcaşar Mah,2695. Sok No 3, İncek, Gölbaşi, Ankara, TURKEY. Tel : 0090-312-461 08 09 Fax : 0090-312-461 08 12www.peisg.org peisg.info@gmail.com |
| ***Instructions*** 1. *Please complete this form on a computer or write in* ***CAPITAL letters****. A soft copy of this form can be downloaded from our website.*
2. *The completed form must be signed by parents / guardians before submission.*
3. *Following documents must be submitted along with the form.*
* *2 recent photographs.*
* *Academic records from previous school.*
* *School leaving report from previous school.*
* *Health Certificate.*
* *ID photocopies of Parent and Student.*
 |

**1. Personal Information**

|  |  |  |
| --- | --- | --- |
| **Student Surname** |  | Photo |
| **Student Name** |  |
| **Date of Birth** |  |
| **Place of Birth** |  |
| **Nationality** |  |
| **Mother Tongue** |  | **ID Type & No.** |  |
| **Home Tel No.** |  | **Home Fax No.** |  |
| **Home Address** |  |
|  |

**2. Parent / Guardian Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Father Name** |  | **Nationality** |  |
| **Workplace** |  | **Designation**  |  |
| **Work Tel No.** |  | **Work Fax** |  |
| **Mobile No.** |  | **Email** |  |
|  |  |  |  |
| **Mother Name** |  | **Nationality** |  |
| **Workplace** |  | **Designation**  |  |
| **Work Tel No.** |  | **Work Fax** |  |
| **Mobile No.** |  | **Email** |  |

|  |  |  |
| --- | --- | --- |
| *For official use only* | *Class:* | *Date:* |

**3. Academic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class Graduated** |  | **Medium of Instruction** |  |
| **Name of Program** |  |
| **Subjects Taken** |  |
| **Education System** |  |
| **School Name** |  |
| **Address** |  |
| **English Language Proficiency** | ( ) None ( ) Poor ( ) Good ( ) Excellent |
| **Other Language:**  | ( ) Poor ( ) Good ( ) Excellent |
| **Other Language:** | ( ) Poor ( ) Good ( ) Excellent |

**4. Additional Information**

*PEISG  requires  all  applications  contain  complete  and  accurate  information. Any  information  that  is  omitted  or  incorrect on  this  application  may  result  in  a  review  of  the  child’s  admission  to  the  school.*

|  |
| --- |
| **Does your child have any medical problems? ( )Yes ( )No** (If yes, please explain below) |
|  |
|  |
| **Does your child take any medication? ( )Yes ( )No** (If yes, please explain below) |
|  |
| **Does Your child have any allergies? ( )Yes ( )No** (If yes, please explain below) |
|  |
| **Has your child ever received any social, emotional or psychological support? ( )Yes ( )No** (If yes, please explain below) |
|  |
|  |
| **Does your child suffer from any learning difficulties? ( )Yes ( )No** (If yes, please explain below) |
|  |
|  |
|  |
| **Is there any area that you think your child may need extra support?** **( )Yes ( )No** (If yes, please explain below) |
|  |
|  |
|  |
| **Has your child ever received any disciplinary punishment in any of previous schools? ( )Yes ( )No** (If yes, please explain) |
|  |
|  |
|  |

**5. Parent / Guardian**

*I certify that the information given in this form is accurate and complete. I understand that omitting, withholding or misrepresenting any information on this form may result in a review of my child`s admission.*

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

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

**6. Official Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Class Applied For:** |  |
| **Entrance Test** | **( )** **Held ( ) Not Held** | **Interview** | **( )** **Held ( ) Not Held** |
| **Entrance test results** | **English [ ], Mathematics [ ], Science [ ]** |
| **Interview results** |  |
| **Admission Approved** | **( )** **YES ( ) NO ( ) Conditional** | **Class Admitted in** |  |
| **Documents Received** | **( ) 2x Photographs****( ) Previous Academic Records****( ) School leaving certificate****( ) Health Certificate / Vaccination Card****( ) Student ID copy****( ) Parent ID copy** |
| **Remarks** |  |
| **Principal`s Signature** |  |