

SCHOOL ADMISSION FORM - 2025

STUDENT INFORMATION

Full Name: (Capital Letters)					
Date of Birth: / / DD MM YY	Age:	Age: Blood Group:			
Gender: Male Female	Blood Group:				
Place of Birth:	Religion:				
First Language:	Nationality:				
Postal Address:					
Home Phone: (landline) Please give details of previous schooling	(Must)				
Name of School	From Class - upto	Reason	son for leaving the School		
	'II O TCH H 41 1				
Has the child ever suffered any serious	sillness? If "yes", then please s	specify:			
Does the child have any health issues a report and prescription:	nt present? If "yes", please pro	vide details a	nd attach the copies of medical		
Taking any medicine on regular basis:					



										<u>PARENTS</u>
FAMILY (SECTION - I):				Father			Mother			
Full	Name:									
CNIC: Mobile Phone (Tick one preferred no. for school sms):										
			ol sms):							
Ema	il Address (Mı	ust):								
Occi	upation:									
Aver	age Salary									
FAN	IILY (SECT	<u>ΓΙΟΝ - ΙΙ):</u>				SIE	LING	S STU	DYING	AT L.O.S.C
-			Ful	Full Name			Roll Number			
	Sibling 1									
	Sibling 2									
	Sibling 3									
	Sibling 4									
FAN	IILY (SEC	ΓΙΟΝ - III):				<u> </u>			(GUARDIAN
Full 1	Name:		Relation	ship:		(CNIC:		_	_
Email Address:			Mobile Ph				none:			
 Computerized B-Form CNIC photocopy of th A copy of Latest Result 		photograph B-Form of t py of the Fa st Result Ca	graphs of the child (passport size).). []			
Father's Signature			Mother's	Signature		_	Guar	·dian's Sig	gnature	
USE ONLY	Comments:	RESULT (if applicable DMITTANCE INF e of Admission): PASS / FAI	L	INTERVIEW					al's Signature

This is a CONTROLLED & CONFIDENTIAL document of the "LEADERS' ODYSSEY SCHOOL SYSTEM". Its unauthorized disclosure or reproduction shall be liable for prosecution.

CEO's Signature

Accounts Officer's Signature: