



**BAI VIRBAIJI SOPARIVALA PARSII HIGH SCHOOL  
REGISTRATION FORM FOR CLASS 6 AKUEB (SIBLING) 2022-2023**

NO. BVS \_\_\_\_\_ / 2022  
(FOR OFFICE USE ONLY)

**(This Registration Form is merely required for admission test purpose. It does not guarantee an admission)**

**(USE BLUE PEN AND FILL IN BLOCK LETTERS ONLY)**

Full name of Pupil \_\_\_\_\_

**As per the Birth Certificate of Nadra submitted along with your application.**

**Note: This name and date of birth will not be changed or altered under any circumstances)**

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Present Montessori / School \_\_\_\_\_

Brother Name: \_\_\_\_\_

Grade/ Section: \_\_\_\_\_ House: \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

CNIC No. of Father: \_\_\_\_\_ Qualification of Father \_\_\_\_\_

Mention if you are a filer / non - filer, \_\_\_\_\_  
(This information is required by the Federal Board of Revenue from all schools)

Profession of Father (if business, specify) \_\_\_\_\_

Address (Office) \_\_\_\_\_

\_\_\_\_\_ Office Landline # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Father's WhatsApp # \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

Mention if you are vaccinated for covid 19 (Yes or No). If No Why? \_\_\_\_\_

Name of Mother: \_\_\_\_\_

CNIC No. of Mother: \_\_\_\_\_ Qualification of Mother: \_\_\_\_\_

Mention if you are a filer / non - filer, \_\_\_\_\_  
(This information is required by the Federal Board of Revenue from all schools)

Profession of Mother (if business, specify) \_\_\_\_\_

Address (Office) \_\_\_\_\_

\_\_\_\_\_ Office Landline # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Mother's WhatsApp # \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_

Mention if you are vaccinated for covid 19 (Yes or No). If No Why? \_\_\_\_\_

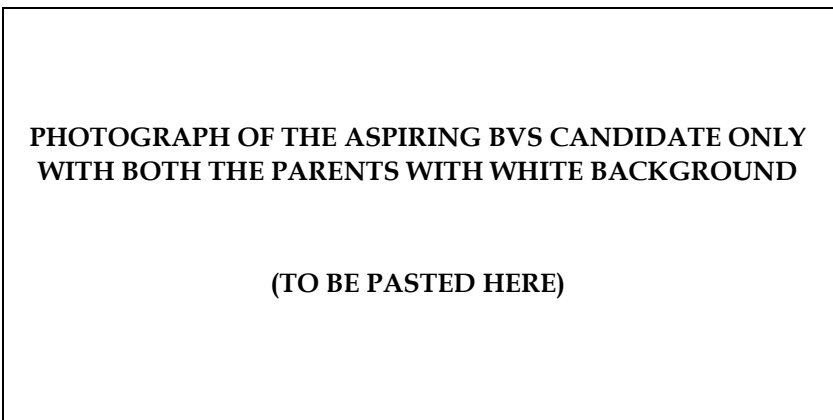
Address (Residence) \_\_\_\_\_

\_\_\_\_\_ Residence Landline # \_\_\_\_\_

I verify that the above information is correct. I agree to abide by the rules and regulation of the school and the admission policy. This offer of a place for my child may be withdrawn if any information or documentation that I have submitted proves to be inaccurate or False. In this event no sibling of my child will be considered for admission thereafter.

**KINDLY PHOTOCOPY THIS FORM AND KEEP THE COPY WITH YOU.**

Date \_\_\_\_\_ Parent's / Guardian's Signature \_\_\_\_\_



2 1/2"

(TO BE PASTED HERE)