	Y VIEW HIGH SCHOOL E-SCHOOL CAMPUS CLIFT	TON!	e of Application				
100	MISSION REGISTRATION 2022		vious School				
ADI	HISSION REGISTRATION 2022		ntry				
			or State				
		·	rseas Parents	Yes No			
Admission for Class	s		i de la circi				
Reception (2.3 - 3.2 yrs)	Student Photograph						
Student Details	(To be filled in Block Letter	s)					
First Name		Date of Birth					
Middle Name		Nationality					
Last Name		Gender:	Male	Female			
Languages spoken 1	2.		3.				
Parent Data							
Father's Name		Mother's Name					
Education (highest level achieved)		Education (highest level achieved)					
Residence Address		Residence Address					
Residence Tel		Residence Tel					
Cell No		Cell No					
Email		Email					
CNIC		CNIC					
Profession /		Profession /					
Designation		Designation					
Office Tel		Office Tel					
Name of Company/ Business		Name of Company Business	/				
Business Address		Business Address					
Marital Status of the Parents Married Separated Divorced Widowed							
Emergency Contact Details Name Relationship with child							
Cell No.		sidence No.					
Email	, KC.						

Date of Joining

FOR OFFICE USE ONLY Admission Number

MEDICAL HISTORY								
Does your child have any emotional and/or anxiety issues? Yes No								
If yes, please give details including when and where he/she was evaluated and by whom.								
Has your child been diagnosed with any medical condition ? Yes No								
If yes, please give details:								
]							
Does your child have any of the following medical conditions? (Tick as appropriate)								
Type 1 Diabetes Yes No								
Physical disability Yes No								
Visual impairment Yes No								
Hearing impairment Yes No								
Is your child on any medication? Yes No								
If yes, please give details:								
Does your child have any form of allergies? Yes No								
If yes, please give details:								
	_							

SIBLING INFORMATION Please let us know if you have any other child / children studying at Bay View High School.								
Name	Age	Class	Campus	House				
			Pre-School Clifton KDA Campus Junior Clifton PECHS Campus Senior Campus	Cardinal Paramount Eminent				
			Pre-School Clifton Junior Clifton PECHS campus Senior Campus	Cardinal Paramount Eminent				
			Pre-School Clifton Junior Clifton PECHS Campus Senior Campus	Cardinal Paramount Eminent				
Please let us know if you are applying for an Name	nother chi	ild / childrer Class	n in any Bay View High School campus. Name of Campus					
Please let us know if you have children studying at any other school /schools.								
Name	Age	Class	Name of School					
Birth Certificate (photocopy) or Passport (For Overseas Parents) 6 passport size photographs. Photocopy of Immunization record. CNIC (photocopy) of both parents Family photograph. Visiting Card of working parent/parents/guardian Vaccination Certificate (NADRA) both parents/guardian PREP I & PREP II Birth Certificate (photocopy) or Passport (For Overseas Parents) 6 passport size photographs. Photocopy of Immunization record. School report of Montessori or Pre School attended by the child (Can be submitted at the time of the interview) CNIC (photocopy) of both parents. Family photograph. Visiting Card of working parent/parents/guardian Vaccination Certificate (NADRA) both parents/guardian Vaccination Certificate (NADRA) both parents/guardian								
BAY VIEW HIGH SCHOOL PRE-SCHOOL CAMPUS CLIFTON								
Address: Plot No. F-33, Block-9, Kehkashan, Clifton Karachi.								
Website: https://www.bayviewhighschool.edu.pk Facebook: https://www.facebook.com/bayviewhighpreschoolcampus/								
Email: preschool@bayviewhigh.edu.pk								
Contact: 92-21-35830420-21, 92-21-35372781, 92-3030308922								