



▪ since 1958 ▪

ADMISSIONS FORM

Child's Name: _____

Applying for the Year _____



For Office Use only

Date of Application: _____

Class Applied For: _____

Probable Date of Entry to the School: _____

Application Fee Paid: _____

Application For Admission

Student Details

Family Name of Child: _____

Middle Name of Child: _____

First Name of Child: _____ Gender: _____

Date of Birth (DD/MM/YYYY): _____ Nationality: _____

Family Details

Home Address in Pakistan

Contact Number(s): _____

Address Outside Pakistan

City: _____ Country: _____ Postal/Zip Code: _____

Contact Number(s): _____

Father's Details

Name: _____

Nationality: _____

Occupation: _____

Name of Organisation: _____

Business Address: _____

Email Address(s): _____

Office Number: _____

Mobile Number: _____

Mother's Details

Name: _____

Nationality: _____

Occupation: _____

Name of Organisation: _____

Business Address: _____

Email Address(s): _____

Office Number: _____

Mobile Number: _____

Guardian's Details (if applicable)

Name: _____ Occupation: _____

Relationship with Child: _____ Contact Number: _____

Home Address: _____

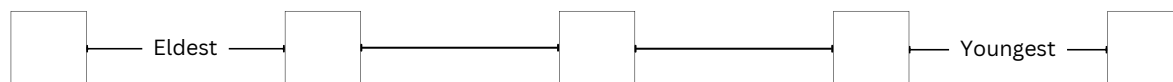
Business Address: _____

Email Address: _____ Office Number: _____

Sibling Information

Number of Children in the Family: _____

Position of the Child in the Family:



Do the child's siblings attend BOS? ☐ Yes ☐ No ☐ Other _____

If yes, please specify:

1) Name of Sibling: _____

Class of Sibling: _____ Age: _____

2) Name of Sibling: _____

Class of Sibling: _____ Age: _____

Have the child's siblings applied to BOS? ☐ Yes ☐ No

1) Name of Sibling: _____

For Which Academic Year? _____

2) Name of Sibling: _____

For Which Academic Year? _____

Academic Information

First Language: _____

Other Language(s): _____

Fluency In English: ☐ Fluent ☐ Moderate ☐ None

Name of Current School(s)/ Preschool/ Play Group: _____

Address of Current School(s)/ Preschool/ Play Group: _____

Contact Details of Current School(s)/ Preschool/ Play Group: _____



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If yes, please provide their details.

Email Address: _____ Telephone: _____

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References

Please provide the details of two referees whom we may contact for recommendations. These to include the head teacher of the child's most recent school.

Referee One

Referee's Full Name: _____

Position/Title: _____

Name of School: _____

Email: _____

Phone Number: _____

Referee Two

Referee's Full Name: _____

Position/Title: _____

Name of School: _____

Email: _____

Phone Number: _____

Emergency Contact Information

Please provide the contact details of two individuals we can reach in the event we are unable to contact you.

Emergency Contact One

Full Name: _____

Relation to Child: _____

Email: _____

Phone Number: _____

Emergency Contact two

Full Name: _____

Relation to Child: _____

Email: _____

Phone Number: _____

Medical Information*

Name of Child: _____

Date of Birth (DD/MM/YYYY): _____ Gender: _____

Name of Child's Physician: _____

Physician's Address and Contact Details: _____

Has the child had the following immunisations, please give dates:

Tuberculosis BCG Vaccine ☐ Yes _____ ☐ No _____

HIB Vaccine: ☐ Yes _____ ☐ No _____

Rubella Vaccine: ☐ Yes _____ ☐ No _____

Polio Vaccine: ☐ Yes _____ ☐ No _____

Mumps Vaccine: ☐ Yes _____ ☐ No _____

Measles Vaccine: ☐ Yes _____ ☐ No _____

Hepatitis A: ☐ Yes _____ ☐ No _____

Hepatitis B: ☐ Yes _____ ☐ No _____

Cholera: ☐ Yes _____ ☐ No _____

Has the child ever had one or more of the following? If yes, please give dates:

Scarlet Fever: ☐ Yes _____ ☐ No _____

Chicken Pox: ☐ Yes _____ ☐ No _____

German Measles: ☐ Yes _____ ☐ No _____

Mumps: ☐ Yes _____ ☐ No _____

Whooping Cough: ☐ Yes _____ ☐ No _____

Poliomyelitis: ☐ Yes _____ ☐ No _____

Pneumonia: ☐ Yes _____ ☐ No _____

Rheumatic Fever: ☐ Yes _____ ☐ No _____

Allergies: ☐ Yes _____ ☐ No _____

Epilepsy: ☐ Yes _____ ☐ No _____

Convulsions: ☐ Yes _____ ☐ No _____

Asthma: ☐ Yes _____ ☐ No _____

Eczema: ☐ Yes _____ ☐ No _____

*Please note, failure to declare known medical or educational needs may jeopardize your child's place at the school.

[illegible][illegible]

Parent's Signature

Physician's Signature

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Undertaking

We hereby submit this application request for the admission of our child to the British Overseas School, Karachi, for the academic year _____. By signing this application, we, the undersigned, acknowledge and confirm that we have read, understood, and accept the terms, rules, and regulations of the British Overseas School and its governing bodies, as outlined in the Parent Handbook currently in force, as well as any future modifications that may be made.

We certify that the information provided in this application is complete, true, and accurate to the best of our knowledge. We authorize the British Overseas School to request and obtain reports, transcripts, references, and any other relevant documentation necessary to verify the accuracy of the information submitted.

We fully understand and accept that any failure to provide accurate or truthful information may result in the rejection of this application or the termination of the student's enrolment at the British Overseas School, both initially and at any point during the student's attendance.

We further undertake to comply with all obligations and responsibilities as set forth by the school, the BOS principal, and its governing bodies.

Mother's Signature

Father's Signature

Date

Date



Required Documentation for Admission

Please provide the following documentation to support this application:

- Copy of the Child's Birth Certificate
- Two Passport Size Photographs of the Child
- Two Passport Size Photographs of the Parents
- Copy of Child's Passport
- Copies of Passport and NIC of Child's Parents
- School Leaving Certificate (No Objection Certificate) From Most Recent School
- Copies of Child's School Reports for the Last Two Years
- Copy of Child's Psychological Assessment (if applicable)
- Application Fee