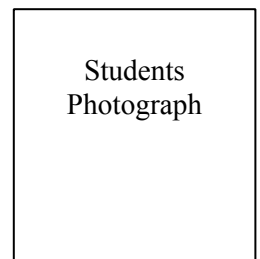




scei
SPECIAL CHILDREN'S EDUCATIONAL INSTITUTE

Student Admission Form



Date _____

Child's Name _____

Male

Female

Date of Birth _____

Age _____

Home Address _____

Phone Number _____

Mobile Number _____

Father's Name _____

D.O.B _____

Nationality _____

Occupation _____

Work Address _____

Tel. No _____

Mobile Number _____

Mother's Name _____

D.O.B _____

Nationality _____

Occupation _____

Work Address _____

Tel. No _____

Mobile Number _____

Emergency Contact

Name _____

Phone Number _____

Name _____

Phone Number _____

Doctor at Present _____

Phone Number _____

Address _____

Medical History _____

Previous Schooling

School

From

To

Family Background

Number of Siblings _____

Name

Age

School

Total number of people permanently living with the child _____

Any Special interest or details you would like to share that will help make the child more comfortable that is nicknames, songs, etc.

Any other comments _____

Return this form via email: sceipak@gmail.com or post it to: 22 – A Sunset Street, Phase II Ext. DHA, Karachi.

For more information visit our website: www.sceipak.org or call: 0306-2044142 (office hours only)