



**BAY VIEW HIGH SCHOOL
P.E.C.H.S CAMPUS**

ADMISSION REGISTRATION 2022-2023

Date of Application
Form Filled by
Previous School
Country
City or State
Overseas Parents Yes No

Admission for Class

Grade III (7.4 - 8.3 yrs) Grade IV (8.4 - 9.3yrs) Grade V (9.4 - 10.3 yrs) Grade VI (10.4 - 11.3 yrs) Grade VII (11.4 - 12.3 yrs) Grade VIII (12.4 - 13.3 yrs)

**Student
Photograph**

Student Details

First Name Date of Birth
Middle Name Nationality
Last Name Gender: Male Female
Languages spoken 1. 2. 3.

Parent Data

Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>
Education (highest level achieved)	<input type="text"/>	Education (highest level achieved)	<input type="text"/>
Residence Address	<input type="text"/> <input type="text"/>	Residence Address	<input type="text"/> <input type="text"/>
Residence Tel	<input type="text"/>	Residence Tel	<input type="text"/>
Cell No	<input type="text"/>	Cell No	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
CNIC	<input type="text"/>	CNIC	<input type="text"/>
Profession / Designation	<input type="text"/>	Profession / Designation	<input type="text"/>
Office Tel	<input type="text"/>	Office Tel	<input type="text"/>
Name of Company/ Business	<input type="text"/>	Name of Company/ Business	<input type="text"/>
Business Address	<input type="text"/> <input type="text"/>	Business Address	<input type="text"/> <input type="text"/>

Marital Status of the Parents Married Separated Divorced Widowed

Emergency Contact Details

Name Relationship with child
Cell No. Residence No.
Email

FOR OFFICE USE ONLY

Admission Number Date of Joining

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pre-School Clifton <input type="checkbox"/> Junior Clifton <input type="checkbox"/> Senior Campus	<input type="checkbox"/> KDA Campus <input type="checkbox"/> PECHS Campus	<input type="checkbox"/> Cardinal <input type="checkbox"/> Paramount <input type="checkbox"/> Eminent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pre-School Clifton <input type="checkbox"/> Junior Clifton <input type="checkbox"/> Senior Campus	<input type="checkbox"/> KDA Campus <input type="checkbox"/> PECHS campus	<input type="checkbox"/> Cardinal <input type="checkbox"/> Paramount <input type="checkbox"/> Eminent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pre-School Clifton <input type="checkbox"/> Junior Clifton <input type="checkbox"/> Senior Campus	<input type="checkbox"/> KDA Campus <input type="checkbox"/> PECHS Campus	<input type="checkbox"/> Cardinal <input type="checkbox"/> Paramount <input type="checkbox"/> Eminent

Please let us know if you are applying for another child / children in any **Bay View High School campus.**

Name	Age	Class	Name of Campus
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please let us know if you have children studying at **any other school /schools.**

Name	Age	Class	Name of School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DOCUMENTS REQUIRED FOR REGISTRATION

Grade III, IV & V

- Birth Certificate (photocopy) or Passport (photocopy for Overseas Applicants)
- Four Recent Passport Size Photographs
- CNIC of both parents (photocopy) / guardian
- Family Photograph (Sized: 4x6)
- Visiting Cards of working parent/parents/ guardian
- Immunization Record (photocopy)
- School Report of Previous School (December 2021, May 2021 and May 2020)
- School Leaving Certificate (To be submitted after receiving the offer letter)
- Family Registration Certificate (photocopy)
- Vaccination Certificate (NADRA) Both parents/guardian

Grade VI, VII & VIII

- Original and Copy of Birth Certificate (NADRA) or Passport (photocopy for Overseas Applicants)
- 4 recent passport size photographs
- Family Photograph
- Copy of Family Registration Certificate (FRC – NADRA)
- Copy of B Form (NADRA)
- School Report of Previous School - December 2021, May 2021 and May 2020
- CNIC of both the parents (photocopy)
- School Leaving Certificate (to be submitted after receiving the offer letter)
- Visiting Card of working parent/parents/guardian
- Vaccination Certificate (NADRA) both parents/guardian & (for students above 12 years)

BAY VIEW HIGH SCHOOL P.E.C.H.S CAMPUS

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Website: <https://www.bayviewhighschool.edu.pk>

Facebook: <https://www.facebook.com/BVHSoOfficial/>

Email: pechscampus@bayviewhigh.edu.pk

Contact: 92-21-34382257-59, 92-331-2354592