

# ADMISSION FORM

Form No \_\_\_\_\_

Gr. No \_\_\_\_\_

## HAMZA FOUNDATION ACADEMY FOR THE DEAF 152-J-I, Johar Town, Lahore

1. Student's Name: \_\_\_\_\_  
(In Block Letters)

2. Sex: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Religion: \_\_\_\_\_

6- Father's Name: \_\_\_\_\_

7. National Identity Card No: \_\_\_\_\_

8. Occupation (with address): \_\_\_\_\_

9. Residential Address: \_\_\_\_\_

10. Phone No. (if any) Res: \_\_\_\_\_ Office: \_\_\_\_\_

11 - Monthly Income: \_\_\_\_\_

12. Father's Educational Achievements: \_\_\_\_\_

13. Mother's Educational Achievements: \_\_\_\_\_

14. Guardian's Name: \_\_\_\_\_

15. Guardian's Address: \_\_\_\_\_

16. Guardian's Relationship with the child: \_\_\_\_\_

17. No of Siblings: \_\_\_\_\_ 18. Position of the Child: \_\_\_\_\_

19. Normally who attends the child at home: Father  Mother  Brother  Sister

20. Language spoken at home: \_\_\_\_\_

21. Has the child suffered from any serious disease till date: Yes / No \_\_\_\_\_

22. If yes, which disease: \_\_\_\_\_

23. Has the child been protected against the major childhood diseases: Yes / No \_\_\_\_\_



24. How did you come to know that the child is Hearing Impaired: \_\_\_\_\_
25. Age onset: \_\_\_\_\_ 26. Cause of Hearing Impairment: \_\_\_\_\_
- \_\_\_\_\_
27. Any other case of Hearing Impairment: \_\_\_\_\_
28. Extent of hearing loss: R-E: \_\_\_\_\_ dB L.E \_\_\_\_\_ dB
29. Has the child any problem at home: Yes / No \_\_\_\_\_
30. If yes, what is the problem: \_\_\_\_\_
31. Class in which admission is sought: \_\_\_\_\_
32. Institution attended last: \_\_\_\_\_
33. Reason of leaving: \_\_\_\_\_
34. Day scholar or boarder: \_\_\_\_\_
35. Any other important information about the child: \_\_\_\_\_

I hereby certify that information given above is correct to the best of my knowledge and belief. I have read the bye-laws of the Academy and I undertake to comply with the same. I also undertake to pay the tuition fee and other dues, if any, regularly on or before the fixed date.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of father / guardian**

Note: Please attach the following documents with the form:

1. Birth Certificate
2. Three Photographs (Passport size)
3. Copy of National Identity Card of the father / mother
4. Utility Bills (Electricity-Water-Sui Gas-Telephone)
5. Audiogram
6. Income certificate of the father / guardian
7. School Leaving Certificate, if applicable
8. Medical fitness certificate of the child

**FOR OFFICE USE ONLY**  
**ORDERS**

Admit Master / Miss \_\_\_\_\_ S/o, D/o \_\_\_\_\_

In class \_\_\_\_\_ after receipt of the following dues:

1. Admission Fee Rs. \_\_\_\_\_ 2. Tuition Fee Rs. \_\_\_\_\_

3. Other dues (if any) Rs. \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**PRINCIPAL**

**OFFICE RECORD**

Received payments of Rs. \_\_\_\_\_ vide Receipt No. \_\_\_\_\_ dated \_\_\_\_\_

on account of \_\_\_\_\_ and entered the name of the student in the

General Register at Serial No. \_\_\_\_\_ and in the Ledger at page No. \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**ACCOUNTANT**