



ACE International Academy

ADMISSION FORM



Phase II, Bahria Town, Rawalpindi/Islamabad
Tel: 92 51 5730911/12/14, Fax: 92 51 5730913
E-mail: info@aceia.edu.pk, Web: www.aceia.edu.pk

Student's Details

First Name: _____ Middle Name _____

Last Name: _____ Gender: Male Female

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

E-mail: _____ Place of Birth: _____

Mobile _____ Passport No: _____

Address: _____

Grade Applied for (check box)

Play Group	Nursery	KG1	KG2	G.1	G.2	G.3	G.4	G.5	G.6	G.7	G.8	G.9	G.10	G.11	G.12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Photo

School History: (Please complete the entire school history)

PREVIOUS SCHOOLS
(Begin with most recent)

Joining Date

Leaving Date

Grade

Reason for Leaving

1) _____

2) _____

3) _____

1. Has your child (please check): **Passed** **Failed** **Repeated** his/her previous school year? If repeated, please indicate grade level and give a brief explanation: _____

2. Has your child ever been evaluated in or out of the school for learning or behavioral problems/special need? If so, please include details and specific testing information: _____

3. Has your child ever received remediation for specific learning problems in any of the previous schools? If yes, please give details: _____

Where did you hear about the school? (Sibling already at ACE / through friend / internet / relative / other, please specify):

Tuition Payment Information

Who will be paying the tuition fee? (Check the box)

- Parent
- Company (Name of Company) _____
- Government Department _____
- Other (Please Specify) _____

I understand that if ACEIA does not receive notice from the company/Govt. Department, confirming the payment of tuition fee, within TWO weeks of acceptance, my child's place will be nullified. I understand that acceptance into ACEIA is subject to passing an entrance test/interview and the school's decision is final.

I verify that all information on this application form is true and accurate.

Signature of Parent: _____

Permission for Emergency Care / Medical.

I hereby give permission for emergency measures to be initiated in the case of a serious injury or illness, including ambulance transportation to a hospital, with the understanding that I will be contacted as soon as possible and will bear any expenses incurred by ACEIA.

Signature of Parent: _____

Medical

1. History of speech problems? Yes No
2. History of vision problems? Yes No
3. History of hearing problems? Yes No
4. Previous psychological appraisal completed? Yes No
5. Previous medical assessment completed? Yes No
6. Does your child suffer from any allergies? If so, please explain: _____
7. Is your child taking any medication? if so, please explain: _____
8. Please state any special medical condition related to your child: _____

Note: I hereby declare that the information I have given above is correct and accurate to the best of my knowledge. If it is later discovered that the information I have given is incorrect, my child may be asked to leave the School.

Signature of Parent: _____

Confidential (for Secondary Students)

- Has the student ever used illegal or dangerous drugs? Yes No
- Has the student ever used alcoholic beverages or tobacco? Yes No
- Has the student ever been expelled, dropped or suspended by any school? Yes No
- Does the student have any physical, emotional or mental handicaps which may affect his/her activities or progress? Yes No
- If so explain: _____
- Has the applicant received any type of tutoring or therapy? If so, explain: Yes No

Parental Commitment / Our Agreement Together

1. We understand that our failure to report psychiatric counseling, any prescribed programme of medication or involvement with juvenile authorities during the past three years may be a cause for immediate withdrawal.
2. We hereby invest authority in the school to discipline our child when necessary. We further agree that we will cooperate and discipline our child at home as needed.
3. We understand that assessments will be made to cover damages to school property for which our child is responsible (including breakage of windows and abuse of other personal property).
4. We understand that the school reserves the right to dismiss any student who does not: (a) respect and observe spiritual and /or behavioral standards and (b) cooperate in our educational goals.
5. We give permission for our child to take part in all school activities including sport and school sponsored trips away from the school premises and absolve the school from liability to us or our child because of any injury to our child at school or during any school activity.
6. I understand that my child's photo, writings, art work, or achievements could be used in ACEIA International Academy promotional material.
7. Only stationary and ACE Text books are provided to student by ACE International Academy any other general resource material will be the responsibility of the parents.
8. We agree to uphold and support the high academic standards of ACE International Academy by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.
9. We recognize that for our child to make good progress in his/her work, it is essential that he/she has confidence in his/her teacher and the school. Therefore, we will do every thing in our power to see that our child respects and obeys the school staff and standards.
10. We agree to read the ACEIA rules written in the diary and will endeavor to support and uphold the principles, practices and educational policies of the academy in every way.

This statement of cooperation will be in effect for as long as my children attends **ACE International Academy**

Signature _____

FOR OFFICE USE

Date: _____

Applied for Grade _____

Admission to Grade _____

Registration No. _____

Registration Fee: _____

Security Fee: _____

Discount % _____

Admission Officer:

Manager Admn:

Principal:



ACE International Academy

Quality Education Provided By:

BAHRIA TOWN

Initial Info for Admission Test

Student Information

Name: _____ Date of Birth: _____

Previous School: _____

Address: _____

Landline No: _____

Mobile No: _____

Parent Information

1. Father Name _____ Father's Mobile No. _____

Father's Profession _____ Father's CNIC/Passport: _____

E-mail: _____

2. Mother Name _____ Mother's Mobile No. _____

Mother's Profession _____ Mother's CNIC/Passport: _____

E-mail: _____

FOR OFFICE USE

Test Date: _____

Test ID: _____ Grade applied for: _____

Signature of Coordinator: _____



ACE International Academy

Quality Education Provided By:

BAHRIA TOWN

Transportation Request Form

Today's Date: _____

Student Name: _____ Date Of Birth _____

This transportation request is for the: Current school year Next school year

Home Address: _____ Ph: _____

Transportation Needs

In order for the transportation department to provide a safe and orderly environment for your child, parents/guardians are encouraged to identify one (1) pickup and one (1) drop off location for the school year. The bus stop may or may not be located at the home address. However students will be assigned within the prescribed walking distance. Any changes must be made in writing. Thank you in advance for your support and cooperation.

Pick Up At: Home Other Child Care:

Name: _____ Ph./Cell: _____

Address: _____

Drop Off At: Home Other Child Care:

Name: _____ Ph./Cell: _____

Address: _____

Please return this form to the person registering your child

FOR OFFICE USE

ASSIGNED Grade: _____

Reg Number: _____

Seat Available: Yes No

Vehicle No: _____

Pickup Time: _____ Departure Time: _____

Authorized by: _____ Today's Date: _____ Transport Fee: _____



ACE International Academy

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BAHRIA TOWN

Collector Card Information

STUDENT INFORMATION		
S/N	Student Name	Grade
1		
2		
3		
4		
5		

Does your child go directly home after school?

Yes

No (Address) _____

Child is collected by:

Mother

Father

Other (Specify) (Data will be used to issue collector's card for student or students)

Relation to Child: _____
Name: _____
Mobile No. _____

Collector's Picture

Relation to Child: _____
Name: _____
Mobile No. _____

Collector's Picture

Please attach a copy of specified person's NIC.

Note: Two cards are provided by ACE, for each additional card ACE will charge Rs. 300/-