

Receipt no _____

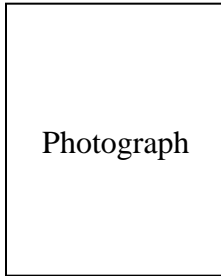
Registration no. _____

G.R. no. _____



REGISTRATION / ADMISSION FORM
FOR CLASS

(2017/2018 session)



Child's Name (as per birth certificate) _____

Date of Birth (DD/MM/Yr): _____ Place of Birth: _____

Gender: _____ Nationality: _____ Religion: _____

Home Address: _____

Home Telephone no.: _____ Mobile # (Father): _____

Mobile # (Mother): _____

Father's/Guardian's Name: _____

Occupation: _____ Qualification: _____

Office Address: _____

Office Telephone #: _____ E-mail: _____

Mother's Name: _____

Occupation: _____ Qualification: _____

Office Address: _____

Office Telephone #: _____ E-mail: _____

Main language spoken at home: _____ Other languages spoken: _____

Emergency contact name (other than parents): _____

Relationship with the child: _____ Telephone no(s): _____

Name of current school: _____

Reason for leaving: _____

Where did you hear about our school? _____

Do you already have any children attending this school? If yes, please give details.

Name of child: _____

Class: _____

Name of child: _____

Class: _____

Name of child: _____

Class: _____

Name of child: _____

Class: _____

Does your child have any difficulties with:

	Yes	No	Explain
Vision	___	___	_____
Hearing	___	___	_____
Learning	___	___	_____
Other (physical limitations)	___	___	_____

I hereby affirm the validity of the information I have provided in this form. By signing this form, I acknowledge the fact that if accepted, I agree to pay all admission and tuition fees by the appointed date or my child's acceptance will be withdrawn and awarded to another candidate. I also agree that if I decide to withdraw my child from REFLECTIONS, **I will only be entitled to a refund of my security deposit provided all dues are cleared.**

_____ Signature of Parent _____ Date

Name of Parent/Guardian

FOR OFFICE USE ONLY

Documents received: Birth certificate Undertaking

Age of child in August: _____ Admission Approved/Denied: _____

Date of Assessment: _____ Time of Interview/Assessment: _____

Date of approval/denial of application: _____

Admission date: _____ Admission into class: _____

Staff child (yes/no): _____ Staff name: _____

_____ Name _____ Designation _____ Date _____

Signature & Stamp