

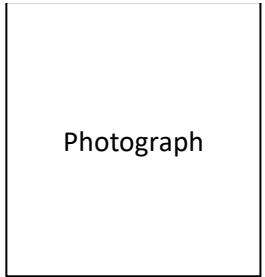


Registration No. \_\_\_\_\_

GR No. \_\_\_\_\_

**REGISTRATION FOR ADMISSION  
Academic Year 2023-2024**

**For Class \_\_\_\_\_**



**STUDENT'S INFORMATION**

Child's Name (as per NADRA record): \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone No. (1): \_\_\_\_\_ Home Telephone No. (2): \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_ Secondary Languages Spoken: \_\_\_\_\_

Name of the Current School: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How did you come to know about Reflections? \_\_\_\_\_

**PARENTS' INFORMATION**

Father's Name: \_\_\_\_\_

Marital Status: Married  Divorced  Separated  Widower

CNIC #: \_\_\_\_\_ Qualification: \_\_\_\_\_

Mobile # 1: \_\_\_\_\_ Mobile # 2: \_\_\_\_\_ WhatsApp # : \_\_\_\_\_

Occupation: Self-employed  Employed in the Pvt. Sector  Employed in the Govt. Sector

Company Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone #: \_\_\_\_\_ E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Marital Status: Married  Divorced  Separated  Widower

CNIC #: \_\_\_\_\_ Qualification: \_\_\_\_\_

Mobile # 1: \_\_\_\_\_ Mobile # 2: \_\_\_\_\_ WhatsApp # : \_\_\_\_\_

Occupation:

House Wife  Self-employed  Employed in the Pvt. Sector  Employed in the Govt. Sector

Company Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone #: \_\_\_\_\_ E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

### **EMERGENCY INFORMATION**

Emergency Contact Name (other than parents): \_\_\_\_\_

Relationship with the child: \_\_\_\_\_ Mobile # 1: \_\_\_\_\_ Mobile # 2: \_\_\_\_\_

### **GUARDIAN'S INFORMATION (ONLY IN THE ABSENCE OF PARENTS)**

Guardian's Name: \_\_\_\_\_

Relation with the child: \_\_\_\_\_ CNIC #: \_\_\_\_\_ Qualification: \_\_\_\_\_

Mobile # 1: \_\_\_\_\_ Mobile # 2: \_\_\_\_\_ WhatsApp # : \_\_\_\_\_

Occupation: Self-employed  Employed in the Pvt. Sector  Employed in the Govt. Sector

Company Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone #: \_\_\_\_\_ E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

### **SIBLINGS' INFORMATION**

#### **a) Information About Siblings at Reflections:**

1. Name: \_\_\_\_\_ Class: \_\_\_\_\_ GR. No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Class: \_\_\_\_\_ GR. No: \_\_\_\_\_

3. Name: \_\_\_\_\_ Class: \_\_\_\_\_ GR. No: \_\_\_\_\_

4. Name: \_\_\_\_\_ Class: \_\_\_\_\_ GR. No: \_\_\_\_\_

**b) Information About Other Siblings:**

- 1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School/College/Others: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School/College/Others: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School/College/Others: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School/College/Others: \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have any allergies? If yes, please specify.

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Does your child have any health issues which might affect his/her performance in the classroom or during sports?

If yes, please specify.

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Does your child have special dietary needs (food allergies, etc)? If yes, please specify.

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**FINANCIAL INFORMATION**

How will the cost of education be borne?

Kindly tick one:

- Self-sponsored
- Will require school's financial assistance (Not applicable for Nursery classes)
- Will engage a third-party financial sponsor.

(Kindly name the sponsoring organization \_\_\_\_\_)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Admission Status:**

Granted

Refused

On Hold

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date