

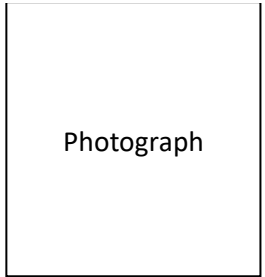


Registration No. _____

GR No. _____

**REGISTRATION FOR ADMISSION
Academic Year 2024-25**

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.

Does your child have any health issues which might affect his/her performance in the classroom or during sports? If yes, please specify.

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

HIFZ ENROLMENT (Applicable for Class 2 **Only**)

- I would like to apply for the optional Hifz programme (terms and conditions apply)

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

- Sibling(s) at Reflections
- Birth Registration Certificate (BRC) issued by NADRA
- Form-B or Family Registration Certificate (FRC) issued by NADRA
- Four recent passport-sized photographs of the child
- Copy of parents' CNIC (front & back)
- Copy of the guardian's CNIC (if the information is provided on the registration form)
- Copy of the latest school report
- School Leaving Certificate from the last school attended (to be submitted before the start of session)
- Registration fee receipt of Rs. 3,000/- (Rupees Three Thousand only)

ADMISSION DECISION

Granted

Refused

On Hold

Comments: _____

Principal's Signature

Date