

Phase: \_\_\_\_\_

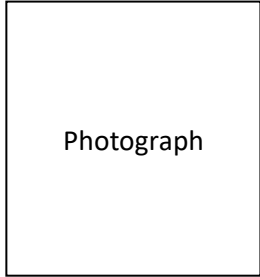


GR No. \_\_\_\_\_

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

House: \_\_\_\_\_

**REGISTRATION FOR ADMISSION  
Academic Year 2025-26  
For Class \_\_\_\_\_**



**STUDENT'S INFORMATION**

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

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

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Blood Group: \_\_\_\_\_

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 #: \_\_\_\_\_ Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

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

Marital Status:  Married  Divorced  Separated  Widow

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 #: \_\_\_\_\_ Email 1: \_\_\_\_\_ Email 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 #: \_\_\_\_\_ Email 1: \_\_\_\_\_ Email 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**

Kindly tick, if your child has any of the health issues mentioned below:

- Asthma                       Diabetes                       Visual Problem                       Hearing Problem
- Allergy, please specify: \_\_\_\_\_

Please provide any further details or medical information that you feel is relevant.

\_\_\_\_\_

\_\_\_\_\_

**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 (non-refundable) receipt of Rs. 3,000/- (Rupees Three Thousand only)

**ADMISSION DECISION**

Granted

Refused

On Hold

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

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

\_\_\_\_\_  
Date