Phase: _____ GR No. _____

Registration No. _____ House: _____

REGISTRATION FOR ADMISSION
Academic Year 2026-27

For Class _____

Photograph

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