



# RAH PRESCHOOL

## REGISTRATION FORM



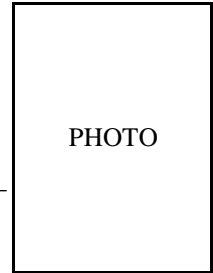
Child's Full Name: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Nick Name (if any): \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Age: \_\_\_\_\_ Gender : Male ☐ Female ☐ Nationality: \_\_\_\_\_

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

\_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Religion \_\_\_\_\_



### Parents' Information:

Father's Name: \_\_\_\_\_ CNIC No: \_\_\_\_\_ Copy attached ☐

Father's NTN No: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Father's Contact Number: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ CNIC No: \_\_\_\_\_ Copy attached ☐

Mother's NTN No: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Mother's Contact Number: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Family Status: Married ☐ Divorced ☐ Separated ☐ Widow(er) ☐

### Priority Contact:

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact No: \_\_\_\_\_

### Applicant's Sibling(s):

Name: \_\_\_\_\_ School Name: \_\_\_\_\_ Class : \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ School Name: \_\_\_\_\_ Class : \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ School Name: \_\_\_\_\_ Class : \_\_\_\_\_ Age: \_\_\_\_\_

### Emergency Contact Person (if parent/guardian unavailable):

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact No: \_\_\_\_\_

### Health Information

Does your child have any allergies or medical conditions? Yes ☐ No ☐

If Yes, Please Specify : \_\_\_\_\_

Has your child received any vaccinations? Yes ☐ No ☐

If Yes, Please Provide Details / Vaccination Records : \_\_\_\_\_

Any special needs or requirements? Yes ☐ No ☐

If Yes, Please Provide Details : \_\_\_\_\_

### Educational Background (if applicable)

Name of Previous School/playschool attended: \_\_\_\_\_

Duration of attendance: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Payment Terms:**

Fee Payment Terms for an Accademic Year		Billing date	Tentative due date
1st term	August & September	15th July	31st July
2nd term	October, November & December	15th September	30th September
3rd term	January, February & March	15th December	31st December
4th term	April, May, June & July	15th March	31st March

**RULES & REGULATIONS**

- 1. All dues, except Security Deposit, once paid are non-refundable.
- 2. Fee for the full term is charged at the time of admission, irrespective of the month of admission.
- 3. Fee must be paid for the full term irrespective of absence or early withdrawal.
- 4. Fee must be deposited on the dates mentioned on the fee bill.
- 5. A 50% discount in tuition fee will apply to the third sibling.
- 6. In case of withdrawal, a written application must be officially received by the School Office.
- 7. Security Refund and School Leaving Certificate will be granted only if:
  - a) full fee for the term during which the pupil leaves has been paid.
  - b) the parent has submitted all withdrawal documents at least thirty days before.
  - c) all outstanding fees have been paid in full.
  - d) the Security amount will be refunded within three months after the application is received.
  - e) the security refund can be claimed within six months from the date of student withdrawal.

**Required Documents**

Registration forms are available on the school website and are also available from the schools admissions office. Completed forms with a charge of Rs1,000/- are to be submitted to the admissions office along with the following documents:

- 1. Copy of child’s birth certificate issued by the nadra.
- 2. Copy of child’s Bay-form.
- 3. Copy of previous school leaving certificate (if applicable).
- 4. 2 recent passport sized photographs of the child.
- 5. Copy of CNIC of both parents.

**Conditions of Registration**

- 1. A non-refundable registration fee applies at the time of registration.
- 2. Registration does not guarantee admission.
- 3. Incomplete applications for registration will not be accepted.
- 4. Any false information provided will render the registration/admission to be canceled.

**Parent's Consent**

I hereby give permission for my child to participate in the activities organized by the school. In case of an emergency, I authorize the staff to take necessary actions i.e., first aid if required.

Signature of Father/Guardian:\_\_\_\_\_ Mother/Guardian:\_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Accepted                      Refused

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_