



Kathmandu Shikshalaya Bal Bhadra Chowk, Mid Baneshwor, Kathmandu, Nepal Tel.: +977-01-4480315 E-mail: info@ktmshikshalaya.edu.np

APPLICATION FOR SCHOOL ADMISSION

The application for admission must be completed by the parent(s) using black or blue ink.

STUDENT'S DETAI	LS
Name in Devanagari	
	Last First Middle
Name in English (BLOCK LETTERS)	
	Last First Middle
Gender: Male	Female Religion Blood Group
Mother Tongue	Languages Spoken at Home
Date of Birth	fonth Day Year (A.D.) Month Day Year
Place of Birth	Nationality
	City Country
Check the appropriate	: Left Handed Right Handed
	Dietry Preference: Veg. Non-Veg.
Permanent Addre	0.00
	533
Municipality/VDC	Ward No.
Municipality/VDC [Ward No.
Municipality/VDC [City/Town	District Country
Municipality/VDC [Ward No.
Municipality/VDC City/Town Home telephone	District Country
Municipality/VDC City/Town Home telephone Local Address	District Country Mobile No.
Municipality/VDC City/Town Home telephone Local Address Municipality/VDC	Ward No. District Country Mobile No. Ward No.
Municipality/VDC City/Town Home telephone Local Address	District Country Mobile No.
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Municipality/VDC City/Town Home telephone Local Address Municipality/VDC City/Town Home telephone:	District Country Ward No. Mobile No. District Country Ward No. Mobile No.

How often would you visit the school to	meet the school authority?				
Vill you be able to avail your time if the	e school authority requests yo	ou?			
How will you communicate/update abo	out your child's performance at	t school?			
Please describe your child's general hea	lth.				
AME & ADDRESS OF TWO R	EFEREES				
ne:		Address:			
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GENERAL INFORMATION		
How did you know about LIS?		
Teachers LIS Students Self Visit Media	Brochure Others	
Do you need Transportation Facility?	Yes No	
Do you need Hostel Facility?	Yes No	
If appropriate, please list the name (s) of the person (s) influencing you to apply for admissi		
	он ю катот телешона эспол. (тей	ac reactions, family from servicion ves.)
Name		
Relationship	Occupation	
Name		
Relationship	Occupation	
1) What are the hobbies of your child and what is his/her strongest inter-	rest at present?	
What is your expectation for your child regarding his/her future care	er?	
3) In what way would you like to see LIS influence your child's growth	? Mention your expectations.	
4) Which aspects of your child's development are you most happy with	?	
ENTRANCE ADMIT	CARD	
Reg. No.		
Name of the Student		
Name of Current School		
Date of Entrance		
Month Day Year Time of Entrance		
Applied for: Grade		
	Signature of the Student	Official Signature

Name of school(s)	Location	D:	ate of attendance (month/year)	
			to	
			to	
			to	
se list major extra-curricular	activities and hobbies in their order o	of interest to your chil	d, and any special awards and h	onours receive
Activities	Year of particip	ation	Position held/Honour	won
MII V DETAILS				
MILY DETAILS				
ner's name		Occupation		
ne address		Tel	Mobile	
fice Address		Tel		
nail Address				
lege(s) attended and Degree(s)	earned			
ther's name		Occupation [
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nail Address				
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ne e e full name and address of the not available locally.	Age So	chool		Class