





Child Information: Name (BLOCK LETTER): Photographs Name (In Nepali): Given Name(s): Gender: Male: Female: Age: Date of Birth: (yyyy/mm/dd) (in BS): (in AD): Language: Nationality: Religion: Previous school's information (if any) Name of Previous school: Pre-Qualification: Address: Parents/Guardian's Information: Occupation: Father's Name: Mother's Name: Occupation: Current Address: Municipality: District: Ward No: Street Address: Phone No: Mobile No1: Email: Mobile No2: Permanent Address: District: Municipality: Ward No: Street Address: Parent's Name Relationship: Parent's Occupation: Mobile No: Name of office: Office Phone:

Responsible friends/rele	atives to call if pare	ents canno	ot be reached:		
Name (1):				Relationship:	
Address:				Contact No:	
Name(2):				Relationship:	
Address:				Contact No:	
Special Sign and Media	cal Information:				
Special sign for identif	ication(if any):				
Allergies: (Insects, medications,	food, etc.)				
Medical Problems:					
Medications:					
Mention if any special required in caring for					
Like/Dislike Food:					
I shall be thankful, if you and undertake to abid					e through the prospectus
Signature of Parent's/Guardian				Date:	
Filled by school admini	stration:				
Student Identity No:					
Admitted Class:				Receipt No:	
Section:				Date:	
Approved by:					Authorized Signature
Name:					