



where your
child's lifelong
learning begins

WE KIDS SCHOOL

Suryabinayak-6, Bhaktapur
Phone: 01-5177338
wekidsbhaktpur@gmail.com
wekidsschool.com

Admission Form

Child Information:

Name (BLOCK LETTER):	<input type="text"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;">Photographs</div>
Name (In Nepali):	<input type="text"/>	
Given Name(s):	<input type="text"/>	
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Age: <input type="text"/>	
Date of Birth: (yyyy/mm/dd) (in BS): <input type="text"/>	(in AD): <input type="text"/>	
Language: <input type="text"/>	Nationality: <input type="text"/>	Religion: <input type="text"/>

Previous school's information: (if any)

Name of Previous school:	<input type="text"/>
Address: <input type="text"/>	Pre-Qualification: <input type="text"/>

Parents/Guardian's Information:

Father's Name:	<input type="text"/>	Occupation:	<input type="text"/>
Mother's Name:	<input type="text"/>	Occupation:	<input type="text"/>
Current Address:	District: <input type="text"/>	Municipality:	<input type="text"/>
	Ward No: <input type="text"/>	Street Address:	<input type="text"/>
	Phone No: <input type="text"/>	Mobile No1:	<input type="text"/>
	Email: <input type="text"/>	Mobile No2:	<input type="text"/>
Permanent Address:	District: <input type="text"/>	Municipality:	<input type="text"/>
	Ward No: <input type="text"/>	Street Address:	<input type="text"/>
Parent's Name	<input type="text"/>	Relationship:	<input type="text"/>
Parent's Occupation:	<input type="text"/>	Mobile No:	<input type="text"/>
Name of office:	<input type="text"/>	Office Phone:	<input type="text"/>

Responsible friends/relatives to call if parents cannot be reached:

Name (1):	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>	Contact No:	<input type="text"/>
Name(2):	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>	Contact No:	<input type="text"/>

Special Sign and Medical Information:

Special sign for identification (if any):

Allergies:
(Insects, medications, food, etc.)

Medical Problems:

Medications:

Mention if any special procedures required in caring for your child:

Like/Dislike Food:

I shall be thankful, if you please admit my son/daughter in your school, I have gone through the prospectus and undertake to abide by all the rules and regulations mentioned there in.

.....
Signature of Parent's/Guardian

Date:

Filled by school administration: _____

Student Identity No:	<input type="text"/>		
Admitted Class:	<input type="text"/>	Receipt No:	<input type="text"/>
Section:	<input type="text"/>	Date:	<input type="text"/>

.....
Approved by:
Name:

.....
Authorized Signature