

"Learn to innovate"
Samakhusi Chowk, Tokha - 10, Kathmandu, Nepal
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Email: info@adhyayan.edu.np Web: www.adhyayan.edu.np

Affix the latest P.P. size color photo of the student

Application Form for Admission

Applied for: Grade: Academic Session:						
A. <u>Student's Information</u>						
Full name of the student (Block Letters):						
Full name of the student (Devanagari):						
Date of birth: BS						
Nationality Religion						
Name of the current school: (Not applicable for P.G.)						
Address of the current school: (Not applicable for P.G.)						
Student lives with Father and Mother Father Only Mother Only Local Guardians						
Marital Status of Parents						
B. <u>Student's Health Information</u>						
Blood Group:						
Please tick (✓) if the child is vaccinated against the following: ☐ DPT ☐ BCG ☐ Hepatitis-B ☐ Measles						
Polio Other						
Please mention any health concerns including allergies, special medication/diet requirements, physical						

impairments, eye-sight problem, etc.

C. Mother's Information				
Mother's Name:				
Nationality:	Religion:			
Personal Identification Number: (Citizenship or Pass	sport):			
Occupation: Business Service Other				
Name of the organization/Business:				
Address of the Organization/Business:				
Position:	Phone (Office)			
Contact Info				
Country:	Province:			
Municipality:	Ward No:			
Street:	House No:			
Professional Email:	Personal Email:			
Preferred Email: Professional Email Personal Email:				
Phone (Res):	Mobile No:			
D. <u>Father's Information</u>				
Father's Name:				
Nationality:	Religion:			
Personal Identification No. (Citizenship or Passport):				
Occupation:				
Name of the Organization/Business:				

Address of the Organization/Business:					
Position:	Phone (Office)				
Contact Info					
Country:	Province:				
Municipality:	Ward No:				
Street:	House No:				
Professional Email:	Personal Email:				
Preferred Email: Professional Email Personal Email:					
Phone (Res):	Mobile No:				
E. Authorized Local Guardian's information	on (Other than parents)				
Name:	Relation:				
Nationality:	Religion:				
Phone (Res):	Phone (Office):				
Mobile No:	Email:				
F. School Transportation					
Need for school transportation service?	□Yes □No				
If "Yes", Please mention the nearest landmark	K:				
If "No", Please mention how the child will con	ne/the mode of transportation:				
G. Additional Information					
1. Why did you decide to choose Adhyayan School for your child's education?					
2. How did you find out about Adhyayan Sch	nool?				
Friends Teachers	Relatives School Website				
Social Media Other:					
H. Further details of Student Please complete the following: Does the child have any siblings for admission	n in Adhyayan School?				

If "YES"

S.N.	Name of the Sibling	Gender	Grade	Age			
1. Wha	t does your child enjoy the most?						
Games	s & Sports	Reading	☐ Writing	Social Interaction			
Creati	ve and Expressive ArtsOther_						
2. Wha	2. What are your child's strengths and areas of interest?						
Game	s & Sports Mathematics	Reading	Writing	Social Interaction			
Creat	ive and Expressive ArtsOther_						
3. Which	ch subjects does your child find most	challenging?					
Game	s & Sports Mathematics	Reading	☐ Writing	Social Interaction			
Creat	ive and Expressive ArtsOther_						
4. Please list five things that you would like us to know about your child.							
		 					
5. Who looks after your child in your absence?							
Relatives Grand Parents Other							
6. Does your child need special care/support in the class? If "Yes", please explain what kind of special care/support is needed?							

I. <u>Declaration</u>

All the information provided on this application form is correct, complete and true to the best of our knowledge and belief. I/We understand that any false information will lead to the cancellation of his/her admission.

I/We understand and agree to the academic plan, fee structure/payment plan and other policies of the school.

Mother	Father				
Affix the latest P.P.size color photo		Affix the latest P.P.size color photo			
Name and Signature of M		e and Signature of Father			
FOR OFFICIAL USE ONLY					
Name:		Form No.:			
Date:					
Referred by:		_			
Things to be submitted at the time of admission (Birth Certificate, Report card and transfer certificate of previous school (Not applicable for P.G), Immunization record, Recent 4 Pp size photo.)					
FOR OFFICIAL USE ONLY Name: Form No.: Date: Director: Referred by: *Things to be submitted at the time of admission (Birth Certificate, Report card and transfer certificate of					