

Bhanubhakta Memorial Higher Secondary School

Panipokhari, Kathmandu, Nepal

Phone : 4415538, 4413586, Fax : 4428931



APPLICATION FORM

STUDENT'S PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
नाम (देवनागरीमा)	<input type="text"/>	ADMISSION SOUGHT IN CLASS <input type="checkbox"/>
DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/>	GENDER: BOY <input type="checkbox"/> GIRL <input type="checkbox"/>
	YEAR MONTH DAY	DAY SCHOLAR <input type="checkbox"/> BOARDER <input type="checkbox"/> DAY BOARDER <input type="checkbox"/>
PLACE OF BIRTH	<input type="text"/>	

FAMILY INFORMATION

FATHER'S NAME	<input type="text"/>	NATIONALITY	<input type="text"/>
PERMANENT ADDRESS	<input type="text"/>	OCCUPATION	<input type="text"/>
CURRENT ADDRESS	<input type="text"/>	TELEPHONE	<input type="text"/>
NAME & ADDRESS OF FATHER'S OFFICE	<input type="text"/>	DESIGNATION	<input type="text"/>
		PHONE	<input type="text"/>
MOTHER'S NAME	<input type="text"/>	NATIONALITY	<input type="text"/>
CURRENT ADDRESS <i>[If different than father's address]</i>	<input type="text"/>	TELEPHONE	<input type="text"/>
NAME & ADDRESS OF MOTHER'S OFFICE	<input type="text"/>	DESIGNATION	<input type="text"/>
		TELEPHONE	<input type="text"/>

Relatives of the student [If any] studying in Bhanubhakta Memorial School

PROVIDE NUMBERS

NAME	CLASS	RELATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

ELDER BROTHERS	<input type="text"/>
ELDER SISTER	<input type="text"/>
YOUNGER BROTHERS	<input type="text"/>
YOUNGER SISTER	<input type="text"/>

STUDENT'S RESIDENTIAL INFORMATION

ADDRESS	<input type="text"/>	CONVENIENT BUS STOP	<input type="text"/>
PHONE	<input type="text"/>	E-MAIL	<input type="text"/>
		P.O.BOX	<input type="text"/>

PLEASE TURN OVER ►

LOCAL GUARDIAN'S INFORMATION [If different than father's / mother's information]

LOCAL GUARDIAN'S NAME

RELATION TO THE STUDENT

NAME OF GUARDIAN'S OFFICE

TELEPHONE

ADDRESS OF GUARDINA'S OFFICE

DESIGNATION

PREVIOUS SCHOOL'S INFORMATION

Name, address and telephone number of the school the student is studying now

School's specialities

FINAL EXAMINAITON

- NOT HELD YET
- COMPLETE BUT RESULT AWAITED
- RESULT PUBLISHED

EXTRA INFORMATION ABOUT THE STUDENT

Student's talents and interests

Provide information about the students physical handicap, illness or regular medicine

AT THE TIME OF REGISTRATION

Date

Parent's Signature

I am happy to have my child admitted in this school and agree that my children and I will abide by all the rules and regulations of the school. I give permission for my child to participate in all the co-curricular and extra-curricular programmes organized by the school. I realize that I am responsible to pay the school fees timely. I understand and agree that the school authority's decision will be final on all matters concerning the child's progress, promotion and suspension or expulsion from the school for offences like open disregard of school policies, indecent behaviour and continuous non-payment of fees when due.

Parent's Signature

FOR OFFICE ONLY

STUDENT'S NAME

ADMISSION DATE

REGISTRATION NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

DOCUMENT ATTACHED

- TRANSFER CERTIFICATE
- MARKSHEET

ENTRANCE SCORE

ENGLISH	NEPALI	MATHS	G.K./I.Q	INTERVIEW
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				<input type="text"/>

INCHARGE OF ADMISSION

PRINCIPAL