

Budhanilkantha School



APPLICATION FORM FOR ADMISSION

Student's Information

Fields with (*) are compulsory.

Full Name of the Student (in BLOCK letters)*:

Full Name of the Student (in Devanagari):

Date of Birth: Gender*: ☐ Male ☐ Female ☐ Others

BS* AD* Age*:

Contact Number*: Nationality*: Religion*:

Email: Ethnicity*: Apply For*: ☐ School ☐ A-Level ☐ NEB(+2)

Name of the Current School: Applied for Grade*:

Address of the Current School: Current Grade:

Student lives with*: ☐ Father and Mother ☐ Father Only ☐ Mother Only ☐ Local Guardian

Marital Status of Parents*: ☐ Married ☐ Separated ☐ Single Parent

Student's Health Information

Blood Group: Height(cm): Weight(kg):

Please tick (✓) if the child is vaccinated against the following:

☐ BCG ☐ DPT ☐ Hepatitis B ☐ Measles ☐ Others

Please mention any health concerns including allergies, special medication/diet requirements, physical impairments, eye-sight problem, etc.

Mother's Info

Mother's Name*:

Nationality:

Religion:

Personal Identification No. (Citizenship or Passport):

Occupation: ☐ Business ☐ Service ☐ Other

Name of the Organization/ Business:

Address of the Organization/ Business:

Position:

Phone(Office):

CONTACT ADDRESS:

Country:

Province:

Municipality:

Ward No.:

Street/Tole:

House No.:

Professional Email:

Personal Email:

Preferred Email: ☐ Professional Email ☐ Personal Email

Phone(Res.):

Mobile No.*:

Father's Info

Father's Name*:

Nationality:

Religion:

Personal Identification No. (Citizenship or Passport):

Occupation: ☐ Business ☐ Service ☐ Other

Name of the Organization/ Business:

Address of the Organization/ Business:

Position:

Phone(Office):

CONTACT ADDRESS:

Country:

Province:

Municipality:

Ward No.:

Street/Tole:

House No.:

Professional Email:

Personal Email:

Preferred Email: ☐ Professional Email ☐ Personal Email

Phone(Res.):

Mobile No.*:

Authorized Local Guardian's Information(Other than parents)

Name:

Relation:

Nationality:

Religion:

Phone(Res.):

Phone(Office):

Mobile No.:

Email:

Additional Information

1.How did you find out about Budhanilkantha School?

☐ Family

☐ Friends

☐ Relatives

☐ School Website

☐ Social Media

☐ Other

2.Why did you decide to choose Budhanilkantha School for your child's education?

Further Details of Student

PLEASE COMPLETE THE FOLLOWING:

Does the child have any sibling studying in Budhanilkantha School? ☐ Yes ☐ No

If 'YES':

SN	Name of the sibling	Gender	Grade
1			
2			
3			

1. What does your child enjoy the most in current school?

☐ Creative and Extensive Arts

☐ Games and Sports

☐ Reading

☐ Social Interaction

☐ Writing

☐ Others

2. What are your child's strengths and areas of interest?

☐ Creative and Extensive Arts

☐ Games and Sports

☐ Reading

☐ Social Interaction

☐ Writing

☐ Others

3. Which subject does your child find most challenging?

☐ Creative and Extensive Arts

☐ Games and Sports

☐ Reading

☐ Social Interaction

☐ Writing

☐ Other

Please list five things that you would like us to know about your child.

1.	
2.	
3.	
4.	
5.	

Who looks after your child in your absence? ☐ Relatives ☐ Grand Parents ☐ Other

Does your child require special care/ support in the class? If 'Yes', please explain what kind of special care/support is needed.

Photo & Document

Student

Father

Mother

Student's Signature

*Please attach student's birth certificate, marksheet and any additional document available along with the form.