



# ALOK VIDYASHRAM

From Darkness to Light

P.O. Box: 806, Kathmandu, Nepal, Tel: 016219909, 2080441, Fax: 977-1-4228324  
www.alokvidyashram.edu.np

## Application for Admission

*Dear Sir/Madam, Please register my son/daughter for admission to your school as per particulars given which I certify as under to be true & correct.*

Name

Admission sought to Class  for Academic Session

Status: Day Scholar  Day Boarder  Boarder

1. Name (In Block Letters):

Family Name First Name Other Name

2. Date of Birth: BS  AD  3. Age  4. Gender:  Boy  Girl

5. Place of Birth:  6. Religion:  7. Mother Tongue:

Other Languages Spoken

8. Father

Full Name:

Full Residential Address:

Full Office Address:

Phone: (Res.)  (Off.)  Mobile:

Email:  Date of Birth:  Nationality:

Educational Qualification:

Professional Details: Diplomat:  Yes  No Marital Status:  Married  Separated  Divorced

Self Employed :  Yes  No Other

Name of Organization:

Occupation:  Designation:

Specialisation if relevant:

Signature

9. Mother

Full Name:

Full Residential Address:

Full Office Address:

Phone: (Res.)  (Off.)  Mobile:

Email:  Date of Birth:  Nationality:

Educational Qualification:

Professional Details: Diplomat:  Yes  No Marital Status:  Married  Separated  Divorced

Self Employed :  Yes  No Other

Name of Organization:

Occupation:  Designation:

Specialisation if relevant:

Signature

10. Name and Address of Local Guardian (if applicable)

Relation with Student  Tel. No.

11. (i) Name and Address of the schools last attended

S. N.	Name of the school & address	Grades	%	Year of Completion	Reason for withdrawal

13. Particulars of all Brothers and Sisters of the child.

S. N.	Sister's/Brother's Name	Age	Name of the Institution he/she is studying

14. Interest & Aptitude \_\_\_\_\_

15. Medical Condition: (i) Physical \_\_\_\_\_

(ii) Behavioural \_\_\_\_\_ (iii) Cognitive \_\_\_\_\_

(iv) Vaccination taken  BCG  DPT  Measles  Hepatitis B  Hepatitis A

Polio  Typhoid  Chicken Pox  MMR

Japanese encephalitis  Meningococcal  Influenza  Rabies

Any other \_\_\_\_\_

(v) Is the child allergic to any food/medicine.  Yes  No

If Yes, please specify \_\_\_\_\_

(vi) If the child is on medication, kindly specify ailment & details of medication \_\_\_\_\_

\_\_\_\_\_

16. Reason for choosing Alok Vidyashram \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. In Case of emergency

Name \_\_\_\_\_ Relation \_\_\_\_\_

Contact Address (Residence) \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Office: \_\_\_\_\_

\_\_\_\_\_ Residence: \_\_\_\_\_

Contact Address (Office) \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_

Please take the child to the nearest hospital/Contact us at \_\_\_\_\_

18. This form must be accompanied by the following:

● Two recent passport size photographs \_\_\_\_\_

● Birth Certificate \_\_\_\_\_

● Transfer Certificate \_\_\_\_\_

● Medical Certificate \_\_\_\_\_


● Merit Certificate \_\_\_\_\_

● Letter of recommendation filled by Principal/Teacher of previous school \_\_\_\_\_

Please make a drawing of the location of your residence in relation to the school. This is needed whether or not you required transportation. Kindly site any famous landmarks to identify your location.



Photograph of responsible parent representative for pick-up & drop-off



Name : \_\_\_\_\_

Please tick if you want to avail of the following facilities:

Transportation

Pick-up point

Drop off point

Day Boarding classes

Hostel

Breakfast

Snacks

### DECLARATION

I certify that I am the bonafied guardian of the child and the information furnished above is correct to the best of my knowledge. In the event of my ward being admitted to the school, I will abide by the school's rules and procedure in all respect. In the event of any mishap or accident happening to the child, I/we undertake that the school will not be held responsible for any such mishap or accident and injury or damage caused thereof. I do understand that decision of the Principal shall be final and binding on me.

Date

Signature of the Parent/Guardian

### For Office Use only

Admission granted / not granted

in class

S. N.	Subject	Marks / Grades	Remarks

Registration No.:

Admission No.:

House:

Date:

Principals Remarks