



KAASTHAMANDAP VIDHYALAYA KINDERGARTEN

Mandikhatar, Kathmandu, Nepal

Photo

STUDENT INFORMATION FORM

Name: _____

Male/Female: _____ Date of Birth (DD/MM/YY): _____ Age: _____

Nationality: _____ Place of Birth: _____

Father's Full Name: _____

Occupation: _____ Mobile No. _____

Email: _____

Mother's Full Name: _____

Occupation: _____ Mobile No _____

Email: _____

Home Address: _____ Phone No: _____

Name of Child's Previous School

Level

Year(s) attended

Sibling Information (if any)

Name	Age	School	Grade
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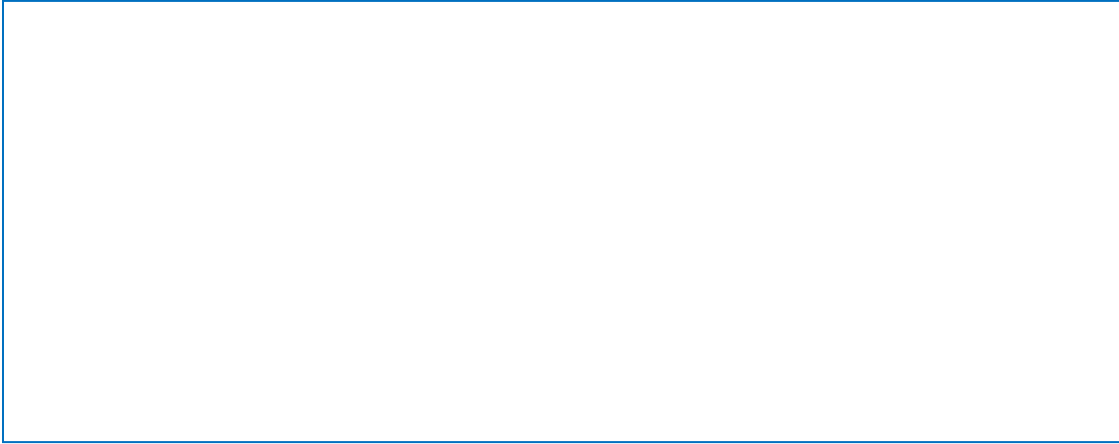
How did you hear about Kaasthamandap Vidhyalaya Kindergarten / who recommended this school to you?

Please state (briefly) your reasons for wishing your child to attend Kaasthamandap Vidhyalaya Kindergarten.

What would you like us to know about your child (allergies, health issues etc.)?

Does your child need Transportation? Yes / No

Location (with map)



Parent's Signature

Date

Parent's Name

Please attach the following documents

- **Birth Certificate**
- **Immunization Record**
- **Report Card from previous school (if any)**

Please submit the scanned copies of the required documents along with the completed Application Form in the school office.