



Machhapuchchhre School
Kusunti, Lalitpur
Tel: 977-1-5193884, 5193144
Email: info@machhapuchhreintl.edu.np
Web: www.machhapuchhreintl.edu.np

PP SIZE PHOTO
(IN RED COLOUR
BACKGROUND)

APPLICATION FOR REGISTRATION (NON-TRANSFERABLE)

School Registration No

NAME OF THE STUDENT

(PLEASE FILL-IN WITH BLOCK LETTERS)

(To be filled-in by office)

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First

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Middle

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Surname

DATE OF BIRTH	Date	Month	Year	SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male	PLACE OF BIRTH
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RELIGION	ADDRESS : PERMANENT	TEMPORARY
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ADMISION SOUGHT IN CLASS	<input type="checkbox"/> Day <input type="checkbox"/> Day Boarder <input type="checkbox"/> Boarder
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PRESENT SCHOOL'S NAME & ADDRESS

PARTICULAR ACADEMIC STRENGTHS OF THE CHILD: (PLEASE SPECIFY SUBJECTS OF INTERESTS)
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OTHER INTEREST OF THE CHILD: ART, MUSIC, SPORTS (PLEASE SPECIFY STANDARD AND INTERESTS)

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DO YOU REQUIRE SCHOOL TRANSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PICK UP POINT
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HOW WILL STUDENT COME TO SCHOOL?	WITH OR WITHOUT ADULT ASSISTANCE (PLEASE MENTION)
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DETAILS OF SIBLING (SISTER OR BROTHER)
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Name	Grade	School
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Name	Grade	School
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Name	Grade	School
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FAMILY PARTICULARS

Father's Name:

Qualification	Profession
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Office Tel.	Email
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Mobile No.:	Organization of Work
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Mother's Name:

Qualification Profession

Office Tel. Email

Mobile No.: Organization of Work

WHAT DO YOU CONSIDER THE MOST SIGNIFICANT FACTOR TO APPLY TO MACHHAPUCHCHHRE SCHOOL ?

ANY ACADEMIC DIFFICULTIES

ANY SICKNESS/ALLERGIES

NAME OF LOCAL GUARDIAN, IF ANY, WITH FULL ADDRESS AND RELATIONSHIP

Tel No.

Cell No.

NAME CONTACT NO., EMAIL ID OF THE REFEREE IF ANY

IN THE CASE OF THE STAFF CHILD, NAME OF THE PARENT WORKING IN MACHHAPUCHCHHRE

APPROXIMATE DISTANCE OF SCHOOL FROM THE CHILD/WARD'S RESIDENCE

DECLARATION

1. The registration made herein does, in no way, entitle my child/ward to be admitted to the school and also does not entitle me or my child/ward for the refund of registration fee.
2. It will be my responsibility to drop/collect my child/ward from/to the school/bus stop.
3. I have made careful note of various details regarding the payment of school fees and I will make satisfactory arrangements for paying the school fees by the 5th of every month.
4. I understand that rendering false or misleading information or withholding correct information may disqualify my child/ward to get admitted/educated in this school.
5. Having carefully read the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ward educated in this school, I hereby agree to abide by them, and any changes thereafter, in all respects. I understand that the decision of the management of the school shall be final and binding.

Signature (Father)

Signature (Mother)

Signature (Principal)

Date

REQUIREMENTS

The duly filled up Registration Form should reach the school before the Admission Test. The following documents must accompany this form:

- a. Photocopy of the birth certificate of the child/ward.
- b. Photocopy of the Mark sheet of the previous school of the annual examination attended.
- c. Two recent passport size photographs of the child/ward. One duly pasted on the application form and another to be attached with the Registration Form.
- d. Undertaking by parents, duly signed.

FOR OFFICE USE ONLY

Application received on Receipt Number

Registration Number

Applied as (Boarder/Day Boarder/Day Scholar)

Charges paid

Bus stop Confirmation, if any

Documents attached with the Form

Remarks