KATHMANDU SHIKSHALAYA LALITPUR

Mahalaxmi–04, Imadol, Lalitpur
Phone: 01-5201820 | 9767470204 | 9767470205
Website: www.kslalitpur.edu.np

NEW STUDENT ADMISSION FORM

1. Student Information

Full Name: _____

Date of Birth (BS/AD): _____

Gender: _____ Blood Group: _____

Nationality: _____ Religion: _____

Mother Tongue: _____

2. Admission Details

Applying for Grade: PG / Nursery / LKG / UKG / I / II / III / IV / V / VI / VII

Academic Year: _____

Previous School Name: _____

Previous Grade Completed: _____

3. Parent/Guardian Information

Father's Name: _____ Occupation: _____

Contact Number: _____ Email: _____

Mother's Name: _____ Occupation: _____

Contact Number: _____ Email: _____

Local Guardian (if any): _____

Contact Number: _____

4. Contact Information

Permanent Address: _____

Temporary Address: _____

Ward No: _____ Municipality: _____

District: _____

5. Health Information

Any Medical Condition (Yes/No): _____

If Yes, specify: _____

Allergies (if any): _____

6. Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

7. Required Documents (Attach Copies)

Birth Certificate / Previous Report Card / Transfer Certificate /

Passport Size Photo / Character Certificate

Declaration:

I hereby declare that the above information is true and correct.

Parent/Guardian Name: _____

Signature: _____ Date: _____