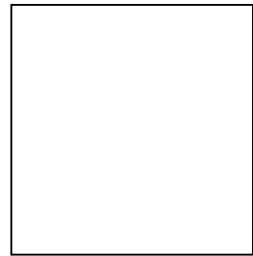


**SHREE MORAL ENGLISH BORDING SCHOOL**  
(Proposed: **REED MODEL SCHOOL**)

Ichangu – 6. Swoyambhu, Kathmandu, Nepal  
Tel: 00977-1-4890499, 4890465

**Application for Admission**



• **Personal Details**

Name of the Students (Print in BLOCK LETTER)

First name

Middle name

Last Name

**Date of Birth**

AD:

Sex: Boy:  Girl:

BS:

Nationality:

Religion:

Father's Name: <input type="text"/>	Occupation: <input type="text"/>
Contact Office: <input type="text"/>	Resident: <input type="text"/>
	Mobile: <input type="text"/>

Mother's Name: <input type="text"/>	Occupation: <input type="text"/>
Contact Office: <input type="text"/>	Resident: <input type="text"/>
	Mobile: <input type="text"/>

<b>Address: Permanent</b>	
<input type="text"/>	Village/city: <input type="text"/>
District: <input type="text"/>	Zone: <input type="text"/>

<b>Current Address (if different)</b>	
<input type="text"/>	Village/city: <input type="text"/>
District: <input type="text"/>	Zone: <input type="text"/>

Local Guardian's Name: <input type="text"/>	
Address: <input type="text"/>	Village/city: <input type="text"/>
District: <input type="text"/>	Zone: <input type="text"/>
<input type="text"/>	Phone: <input type="text"/>

• **Applied For Admission**

Grade:

- Name of the previous school attended: \_\_\_\_\_  
\_\_\_\_\_
- Interested extra co-curricular activities:  
\_\_\_\_\_  
\_\_\_\_\_

Transportation (only if your child/children require)  
Please mention Pick up and Drop point

Pick up point: .....

Drop point: .....

- Please tick the following which your ward require.

Day scholar:  Day Boarder:  Boarder:

Please draw the location

- Disability and health problem(if any)

\_\_\_\_\_  
\_\_\_\_\_

All the information mentioned above are true. If any problem appears due to incorrect information, I shall to handle to wisely.

**For school use only**

Admission Granted	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
For Class:		
Registration no.		
Date:		

-----  
Applicant's Signature

-----  
Guardian's Signature

-----  
Checked by  
Examination In-charge  
Date:

-----  
Principal's Signature