



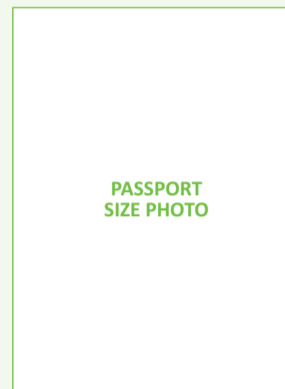
 ace  
SCHOOL

# Application for Admission

## FOR OFFICIAL USE ONLY

Registration Number : \_\_\_\_\_

Remarks : \_\_\_\_\_



## CHILD'S PERSONAL INFORMATION

(Please print clearly with black ink in BLOCK letters)

Name (English)	First	Middle	Last

Name (Devnagari)	First	Middle	Last

Gender  Female  Male      Nationality

Date of Birth BS	Day	Month	Year	Date of Birth AD	Day	Month	Year

Mother Tongue \_\_\_\_\_ Language(s) commonly spoken at home \_\_\_\_\_

**PLEASE CHECK THE GRADE YOU ARE APPLYING FOR**

ELEMENTARY SCHOOL:  Grade One  Grade Two  Grade Three  Grade Four  Grade Five

UPPER ELEMENTARY SCHOOL:  Grade Six  Grade Seven  Grade Eight

SECONDARY SCHOOL:  Grade Nine

**PERMANENT ADDRESS**

House No.  Area/Tole/Village  Ward No.  VDC/Municipality

District  Country

Mailing address, (If different from permanent address. This is where all mail goes. Please keep updated by advising the School Office)

Contact Phone  Contact E-mail

(We will be communicating with you via email. Please inform the school office about changes)

**CHILD'S MEDICAL INFORMATION**

(Please submit a copy of Blood Group Certificate and Vaccination Record of the applicant)

Height (cm)  Weight (kg)  Blood Group

Child's Vaccination Record

(Please check if the child is vaccinated & write if any vaccination record is missing from the list below)

DPT  BCG  Hepatitis-B  MMR  Polio  Tetanus  Other.....

Indicate name and address of child's primary physician or other health care provider (if any)

Name  Telephone

Address

List any physical limitations or health problems of your child including allergies, special medications/diet, physical impairments, eye-sight problem, hearing difficulty, etc.

#### CHILD'S EDUCATIONAL INFORMATION

List names of schools the child attended previously.

SN	Name/s of school/s attended	Location	Grade	Dates attended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### VOLUNTARY STATISTICAL INFORMATION

Child's religion: (if practiced)  Child's ethnicity

Child lives with  Father and Mother  Father  Mother  Guardians, Specify .....

**PLEASE FILL THE FOLLOWING DETAILS AS ACCURATELY AS POSSIBLE**

List out the major strengths and weaknesses of the child:

Is the child a vegetarian  YES  NO

Hobbies/Interest of the child:

**CHILD'S PARENTAL INFORMATION**

Father's Name

Occupation  Designation

Name and address of the organization

Office Phone  Residence Phone

Mobile Phone  E-mail

**Mother's Name**

Occupation  Designation

Name and address of the organization

Office Phone  Residence Phone

Mobile Phone  E-mail

**In case of Emergency contact :**

**First Emergency Contact:**

Name  Relation to the child

Office Phone  Residence Phone

Mobile Phone  E-mail

**Second Emergency Contact:**

Name  Relation to the child

Office Phone  Residence Phone

Mobile Phone  E-mail

**Give us your views on the following areas**

**Your views on Education :**

**Your views on Discipline :**

**Which aspect of his/her present school does the child enjoy the most ?**

Why do you want your child to study at Ace School ?

**Transportation Facility:** (Please attach a map for the pickup/dropoff point)

Yes  No

One Way  Two Way

Pick up point:

Drop off point:

We understand and accept that all the information provided in this application is correct, complete and honestly presented.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





Every student can learn, just not on the  
same day, or the same way



George Evans



Even if we had over a thousand children and a place for a school, I would still think it advisable to keep together children with an age difference of three years.



Maria Montessori in "The Child, Society and the World"

GPO Box.# 10001, Gairigaoun, Kathmandu  
Ph: 4112103, 4112131  
Email: [aceschool@aceschool.edu.np](mailto:aceschool@aceschool.edu.np)  
URL: <http://www.aceschool.edu.np>