



Application for Admission

FOR OFFICIAL USE ONLY

Registration Number : _____

Remarks : _____

PASSPORT
SIZE PHOTO

CHILD'S PERSONAL INFORMATION

(Please print clearly with black ink in BLOCK letters)

Name (English)	First	Middle	Last

Name (Devnagari)	First	Middle	Last

Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Nationality	
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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.	<input type="text"/>	Area/Tole/Village	<input type="text"/>	Ward No.	<input type="text"/>	VDC/Municipality	<input type="text"/>
District	<input type="text"/>			Country	<input type="text"/>		

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

Contact Phone	<input type="text"/>	Contact E-mail	<input type="text"/>
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(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)	<input type="text"/>	Weight (kg)	<input type="text"/>	Blood Group	<input type="text"/>
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Child's Vaccination Record

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

<input type="checkbox"/> DPT	<input type="checkbox"/> BCG	<input type="checkbox"/> Hepatitis-B	<input type="checkbox"/> MMR	<input type="checkbox"/> Polio	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Other
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Indicate name and address of child's primary physician or other health care provider (if any)

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		

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"/>
<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"/>

VOLUNTARY STATISTICAL INFORMATION

Child's religion: (if practiced)	<input type="text"/>	Child's ethnicity	<input type="text"/>
Child lives with	<input type="checkbox"/> Father and Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
	<input type="checkbox"/> 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

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"



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