CARIBBEAN SCHOOL

Mahalaxmisthan, Lalitpur, Tel: 5541815, 5527254
P.O. Box 8975, EPC 3974, **E-mail**: mail2caribbean@gmail.com
http://www.caribbean.edu.np

FORM NO:……

Application For Admission

Admission Sought to Grade:……

PERSONAL DETAILS:

Full Name(In Block Letters):

पूरा नाम (देवनागरीमा) :

Boy ☐ / **Girl** ☐

DATE OF BIRTH

Day ☐☐ Month ☐☐ Year ☐☐☐☐ A.D. Day ☐☐ Month ☐☐ Year ☐☐☐☐ B.S.

Country of Birth/ Residence: …….. Religion/ Nationality:…….

ADDRESS

Permanent:	**Correspondent:**
Ward…. VCD/ Municipality:…….. Street……	Ward…. VCD/ Municipality:…….. Street……..
District: …….. Zone:……..	District:…….. Zone:……..
Father's Name:……	Mother's Name:……
Occupation……	Occupation……
Tel No: ……(Res)	Tel No: ……(Res)
……(Cell)	……(Cell)
Local Guardian's Name: ……	Tel. No: ……(Res)
Relation: ……	……(Cell)

FACILITIES REQUIRED:

Hostel Facilities: Y/N ☐ Bus Service :Y/N ☐

Nearest Bus Station: ……..

Day Boarders: Y/N ☐

SPECIAL INFO:

Aim: ..... Areas of Interest: .....

Areas to be Improved:.....

Medical complications (if any):-.....

DOCUMENTS ATTACHED:

Photocopy of Birth Certificate ☐
Two PP sized photographs ☐
Photocopies of Last Passed Certificates ☐
Equivalent Certificate (If Required) ☐
Character Certificate's Photocopy ☐

PREVIOUS ACADEMIC BACKGROUND:

Previous School:.....

Address:.....

Class Passed : .....Aggregate Percentage Obtained:.....

Guardian's Signature:_____ Date: _____ Student's Signature (optional):_____

For Office Use Only

Admission granted to grade……..

Date ……..... Authorized Signature …….

Entrance Test Result

N	E	M	S	T

Interview Details

School seal:

Office Copy:

Student's Name:……

Admission Sought to Grade:……

Date/Time of Interview:……

Parents' / Guardian's Copy:

Student's Name:……

Admission Sought to Grade:……..

Date/Time of Interview:……..