



nami
INTERNATIONAL
SCHOOL

Gokarneshwor -07,
Jorpati , Kathmandu

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ADMISSION

APPLICATION FORM

1. CHILD'S PERSONAL INFORMATION:

(Write in Block Letters with black ink)

Name (English) FIRST MIDDLE LAST

Name (Devanagari)

Gender Nationality

Date of birth BS DAY MONTH YEAR Date of birth (AD) DAY MONTH YEAR

PLEASE CHECK THE GRADE YOU ARE APPLYING FOR

Grade One* Grade Two Grade Three Grade Four Grade Five Specify grade

PERMANENT ADDRESS

House No Area/Tole/Village Ward No Rural Municipality/Municipality/ Sub Metropolitan City/ Metropolitan City

District Province Name

Mailing address, if different from permanent address: (This is where all mail goes. Please keep the admission office updated if any changes)

Contact phone 1 Contact phone 2

Contact E-mail

(We will be communicating with you via email. Please keep the teacher / admin office updated if any changes)

ADDRESS OF RESIDENCE

House No Area/Tole/Village Ward No Rural Municipality/Municipality/ Sub Metropolitan City/ Metropolitan City

District Province Name

1. ADDITIONAL INFORMATION

1.1 Information requested below is kept very confidential and it is used for only Nami Internatioanl School purposes.

Child's religion: (If practised) Child's ethnicity

1.2 Child lives with Both Parents Parent 1 Parent 2 Guardians

1.3 Who takes care of your child at home in your absence? Grand parents Relatives Helper

2. CHILD'S PARENTAL INFORMATION (PARENT/ GUARDIAN)

2.1 Personal details of parents:

Parent 1

Occupation

Designation

Name and address of employer/
self employment (If any)

Office
phone

Residence
Phone

Mobile
phone

E-mail

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Parent 2

Occupation

Designation

Name and address of employer/
self employment (If any)

Office
phone

Residence
Phone

Mobile
phone

E-mail

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3. CHILD'S SIBLING INFORMATION

SN	Name/s of child's sibling/s	Gender	Age	Name and address of School Attending	Grade
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.1 Emergency contact other than parents:

First emergency contact
person's name

Relationship to
the child

Residence
Phone

Office
Phone

Mobile
phone

Second emergency
contact person's name

Relationship to
the child

Residence
Phone

Office
Phone

Mobile
phone

4. 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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. MEDICAL INFORMATION

Allergy Yes No Specify

Medical History

Current Medication

Any Other

6. CHILD'S LEARNING STYLE AND INTERESTS

The following Section has to be completed by the child's parents/guardians

Your responses to these inquiries will enable us to better understand your child's aptitudes, passions, and preferred method of learning. Not every statement listed below is likely to apply to your child. Only those who do need to be checked. To help youngsters maximize their abilities, kindly feel free to add any information you believe could be helpful in providing us with a thorough picture of your child.

1. My child:

- recognizes variation in a person's tone of voice
- notices details
- is easily distracted by background noise
- remembers faces better than names
- taps pencil or foot while doing some work
- Any other – specify
.....
.....
.....
- enjoys touching and feeling things

2. My child:

- is interested in using videos, pictures, diagrams, mind maps, flashcards and visuals when learning.
- prefers verbal communication to written communication. Enjoys participating in dialogues and discussing things.
- is good with logic and numbers, easily makes connections.
- enjoys listening to music and prefers watching TV while reading and writing.
- has many friends and prefers group projects and team work engagement activities.
- enjoys working independently and spending a lot of time reflecting and working alone.
- Prefers learning outside the room - on the rooftop, in the garden or next to the window

7. GENERAL INFORMATION

1. Who recommended NAMI International School to you and what motivated you to apply?

- Friends Teachers Relatives Advertisement

*Please Specify

Name

Contact No.

List the factors that led you to apply to NAMI International School

2. What do you consider to be the most significant factor in your decision to apply to NAMI International School?

- NAMI International School approach to education Trained teachers Physical proximity Any Other (Please Specify)

8. DO YOU NEED SCHOOL TRANSPORTATION?

Yes No

If yes, (1) please specify your location.

(2) provide us your location map from the main road and include prominent landmark.

Location Map

उत्तर (North)



CHECKLIST OF DOCUMENTS TO BE ATTACHED. PLEASE MAKE SURE THAT YOU ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

- | | | | | | |
|---|--|--|---|--|---|
| <input type="checkbox"/> Copy of child's birth registration certificate | <input type="checkbox"/> Four recent passport size photographs | <input type="checkbox"/> Child's original report card of the last grade/ exam attended | <input type="checkbox"/> Copies of parents' citizenship certificates/passports (for foreign nationals, passport copy with valid visa) | <input type="checkbox"/> Google Map Location | <input type="checkbox"/> COVID Vaccination Card |
|---|--|--|---|--|---|

Signature below indicates that all the information provided on this application is correct, complete and honestly presented.

Parent 1 signature

Parent 2 signature

Guardian's signature

NOTE 1:

We will be able to determine your child's skills, interests, and preferred method of learning from the responses you provide to this series of questions. The following statements might not all be relevant to your child. It is only necessary to check those who do. To help us get a full picture of your child and help kids make the most of their skills, please feel free to add any information you believe could be helpful.

DATE OF APPLICATION

SIGNATURE OF THE ADMISSION COMMITTEE

SIGNATURE OF THE PRINCIPAL




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