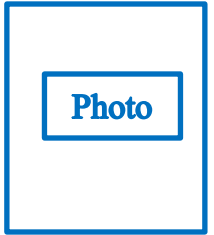




# KAASTHAMANDAP VIDHYALAYA KINDERGARTEN

Mandikhatar, Kathmandu, Nepal



## STUDENT INFORMATION FORM

Name: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile No \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Child's Previous School

Level

Year(s) attended

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sibling Information (if any)**

**Name**

**Age**

**School**

**Grade**

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**How did you hear about Kaasthamandap Vidhyalaya Kindergarten / who recommended this school to you?**

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**Please state (briefly) your reasons for wishing your child to attend Kaasthamandap Vidhyalaya Kindergarten.**

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**What would you like us to know about your child(allergies, food preference ,health issues etc)?**

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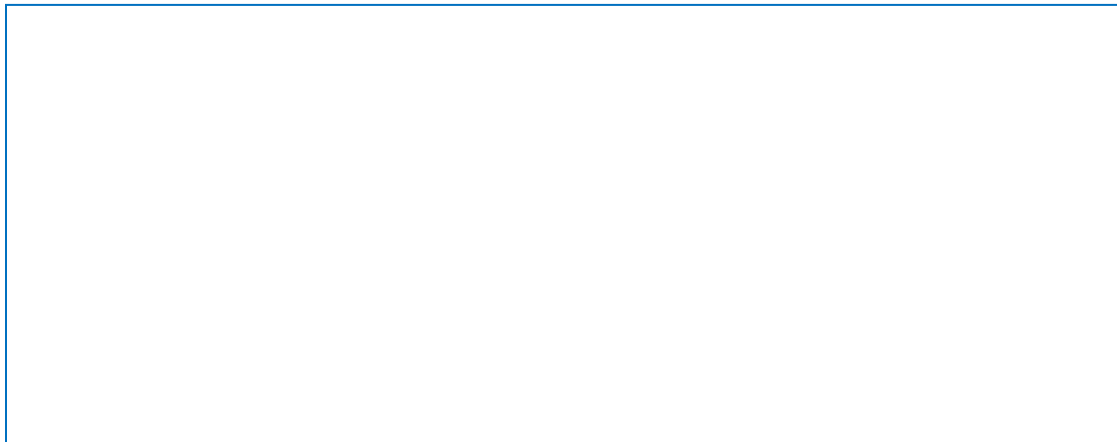
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Does your child need Transportation? Yes / No

Location (with map)



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Signature of Parents

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Date

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Parent's Name

Please attach the following documents

- Birth Certificate
- Immunization Record
- Report Card from previous school

*Please submit the scanned copies of the required documents along with the completed Application Form to our email id given below:*

Email ID: [kindergarten.KV@kaasthamandap.edu.np](mailto:kindergarten.KV@kaasthamandap.edu.np)