



Kathmandu International Study Centre

Dhobighat, Lalitpur
P.O. Box 2714, Kathmandu, Nepal.
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Project of HDCS (Human Development Community Services)

ADMISSION FORM - 1

(Please complete in BLOCK CAPITAL LETTERS)

Admission Date Requested: Month _____ Year _____ Admission for Which Class: _____

Name: _____, _____, _____
(Family Name) (First Name) (Middle Name)

Preferred Name: _____
(This name will appear on labels in the classroom and on books. The teachers will also use this name.)

Date of Birth: _____ Age: _____ Highest Grade or Class Completed: _____
(Please write the month in words not numbers.)

Nationality/Nationalities: _____ Sex: M/F (Circle one)

Siblings:

| Name | M /F | Birthdate | School Attending |
|------|------|-----------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Visa of Parents/Student:

| | | | | | |
|--------------------------|----------|--------------------------|----------|--------------------------|------------|
| <input type="checkbox"/> | Student | <input type="checkbox"/> | Official | <input type="checkbox"/> | Diplomatic |
| <input type="checkbox"/> | Business | <input type="checkbox"/> | Research | <input type="checkbox"/> | Tourist |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | | <input type="checkbox"/> | |



Accredited by

The Middle States Association Commission for Secondary Schools
University of Cambridge International Examinations Centre



----- For Office Use Only -----

| | | |
|-----------------|-------------|------------------|
| Date Rec: _____ | Sib: _____ | D. Con. C. _____ |
| Asm: _____ | M/NM: _____ | D. Con. R. _____ |
| Adm F: _____ | M/F: _____ | File Info: _____ |

ADMISSION FORM - 2

(Please complete in BLOCK CAPITAL LETTERS)

Father's Name: _____

Mother's Name: _____

Residential Address: _____

Mailing Address: _____

Email: _____

Home Telephone: _____

Office Telephone: _____

Work Information: (in Nepal)

| Project/Company Name | Mailing Address | Email & Telephone Contact |
|----------------------|-----------------|---------------------------|
| | | |
| | | |

Sending Mission/Organization: (if different from above)

| Mission/Organization Name | Mailing Address | Email & Telephone Contact |
|---------------------------|-----------------|---------------------------|
| | | |
| | | |

Passport Information:

| Country | Identification Number | Expiry Date |
|---------|-----------------------|-------------|
| | | |
| | | |

Languages:

| Language | Spoken | | | Written | | |
|----------|-----------|----------|--------|-----------|----------|--------|
| | Beginning | Moderate | Fluent | Beginning | Moderate | Fluent |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Educational History:

| School Name | Address | Phone and/or Email | Dates Attended |
|-------------|---------|--------------------|----------------|
| | | | |
| | | | |
| | | | |

Please state any special education needs or health problems _____
