



# Shivatara Day cum Residential School

Mahalaxmi Municipality

Ward No. 9

Lamatar, Lalitpur

Phone: 5132070, 5132169

E-mail: shuva.lamatar@gmail.com

Please attach one recent passport size photograph.  
(B/W or Colour)

## APPLICATION FORM

Form No: \_\_\_\_\_

Admitted on: \_\_\_\_\_

(to be filled by the office)

Child's Full Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

*Surname Middle name First name*

Admission sought for Class: \_\_\_\_\_ Day Scholar  Residential

Child's place in the family (1st son, 2nd daughter etc): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date	Month	Year	
			A.D
			B.S

Place of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Do you have any sibling studying in this school: \_\_\_\_\_

(If yes please write student's name and class) \_\_\_\_\_

Is transport required?  Yes  No

(if yes, please supply a rough direction of your nearest pick up point overleaf

(please note that the school bus route does not cover lanes)

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

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Office Name and Address : \_\_\_\_\_ Office Name and Address : \_\_\_\_\_

Position held: \_\_\_\_\_ Position held: \_\_\_\_\_

Father's Nationality/Religion: \_\_\_\_\_ Mother's Nationality/Religion: \_\_\_\_\_

Full Home Address: \_\_\_\_\_ Full Home Address: \_\_\_\_\_

Home Tel. Nos: \_\_\_\_\_ Home Tel. Nos: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Office Tel No.: \_\_\_\_\_ Office Tel No: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Office Name : \_\_\_\_\_ Position held: \_\_\_\_\_

Relationship with the child: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address : \_\_\_\_\_ P.O.Box No.: \_\_\_\_\_

Home Tel. No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office Address in full: \_\_\_\_\_

Office Tel. Nos: \_\_\_\_\_

School last attended: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Grade studied in last School: \_\_\_\_\_

**Assessment of child's progress in the most recent school report - tick off:**

Below average       Average Good       Very Good       Excellent

Child's interest / talents: \_\_\_\_\_

Any Weak areas in physical/behavioral/cognitive development ? Please explain: \_\_\_\_\_

Activities out of school / at home: \_\_\_\_\_

How long do you intend to keep your child in this school? \_\_\_\_\_

1. What do you want your child to become when he/she grows up?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are the values that you teach your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you feel about practical and theoretical homework for children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you think formal tests are good for children?    Yes                       No

Can tests be done informally?    Yes                       No

What are the benefits of testing informally?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Tick out the points you consider important for your child's overall education and development.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Supervised TV viewing          | <input type="checkbox"/> Meeting people & making friends          | <input type="checkbox"/> Tuitions             |
| <input type="checkbox"/> Games                          | <input type="checkbox"/> Playing                                  | <input type="checkbox"/> Reading Stories      |
| <input type="checkbox"/> Playing                        | <input type="checkbox"/> Trips and excursions                     | <input type="checkbox"/> Listening to music   |
| <input type="checkbox"/> Singing, Dancing etc.          | <input type="checkbox"/> Helping out in the house                 | <input type="checkbox"/> Physical activities  |
| <input type="checkbox"/> Dramatics and imaginative play | <input type="checkbox"/> Expressions through art, craft, painting | <input type="checkbox"/> Computer usage       |
| <input type="checkbox"/> Talking, Listening             | <input type="checkbox"/> Rote learning and writing                | <input type="checkbox"/> Talking, conversing  |
| <input type="checkbox"/> Watching/reading news          | <input type="checkbox"/> Learning through doing                   | <input type="checkbox"/> Physical punishment  |
| <input type="checkbox"/> Counselling                    | <input type="checkbox"/> Meditation                               | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> Spiritual awareness            | <input type="checkbox"/> Creative Club                            | <input type="checkbox"/> Social Service Club  |
| <input type="checkbox"/> Environmentl Clubs             | <input type="checkbox"/> Health Clubs                             | <input type="checkbox"/> Organic Farming Club |

6. Would you be ready to volunteer your paid/unpaid time/expertise/knowledge for school lessons and activities?  
(Please tick off possible areas)

Give talks/slide shows, Explanations on various topics : (please specify)

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Reading stories to children (please mention language)

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Substitution for absent teacher/teachers (please mention subject and level)

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Accompanying teachers during excursions. (please mention level desired)

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7. How much free time do you spend with your child?

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How do you spend free time with him/her ?

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8. Do you make comparisons of your child with others ?  Yes  No

Do you think criticisms and comparisons should be made in front of your child ?  Yes  No

Why ? \_\_\_\_\_

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9. Do you believe each child is an individual who grows at his / her own pace and should achieve at the same rate and level?  Yes  No

Please provide map if transport is required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Parent/s