



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: _____

Work Place: _____ Work Place: _____

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: _____

Work Place: _____ 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"/> Tutions |
| <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)

Reading stories to children (please mention language)

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

Accompanying teachers during excursions. (please mention level desired)

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

How do you spend free time with him/her ?

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 ? _____

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