



# NEPAL POLICE SCHOOL

Sanga, Kavre, Tel: 011-661301, email: admin@dps.edu.np

## ADMISSION FORM

ADMISSION SOUGHT IN GRADE: \_\_\_\_\_ Academic Year: \_\_\_\_\_

STUDENT'S PHOTO

1. Student's Name (BLOCK LETTERS) \_\_\_\_\_

2. Date of Birth:       B.S.       A.D.  
DAY MONTH YEAR DAY MONTH YEAR

3. Gender: Boy  Girl

4. Contact No.:  5. Food Habit: Vegetarian  Non-vegetarian

6. Permanent Address: \_\_\_\_\_

Rural Municipality /Municipality:  Ward No:

District:  Province:

7. Temporary Address: \_\_\_\_\_

Rural Municipality: /Municipality:  Ward No:

District:  Province:

8. Nationality:

9. NAME AND ADDRESS OF THE PREVIOUS SCHOOL: \_\_\_\_\_

PASSED YEAR  TYPE OF THE SCHOOL: PRIVATE  GOVT./COMMUNITY

MEDIUM OF INSTRUCTION : English :  Nepali:  Other:

TOTAL MARKS OBTAINED(GPA):

PARENT'S PHOTO

10. Father's Full Name:.....Nationality: .....

Address: .....Tel (R):.....Mob: .....

Education.....Occupation: ..... Present Position:.....

Name and address of the employer: .....

Tel:.....



11. Mother's Full Name: :.....Nationality: .....  
Address: .....Tel (R):.....Mob: .....  
Education: .....Occupation: .....Present Position:.....  
Name and Address of the employer: ..... Tel:.....

12. If the child has siblings, please give their names, ages and present school.

SN	Name	Age	School	Class

13. Contact Person or Guardian (In case of Emergency)

Local Guardian's Name: .....Relation: .....  
Contact Number:.....(R).....(O).....(Mob.)  
Address: .....

14. Please answer the following questions.

i. Why do you want to admit your child at Nepal Police School, Sanga?

ii. What aspects of his/her present school does your child like most?

iii. What is your child's strongest interest besides academics?



iv. Please mention about your child's participation in sports and extra-curricular activities in his/her previous school/s.

v. What expectations do you have from Nepal Police School for your child's development?

vi. In case, one of the parents is deceased or if the parents are divorced/separated, please mention the name of the person who is primarily responsible for his/her total upbringing, care and arrangements.

vii. Please describe your child's health. Also mention if he has/had any chronic ailments in the present or in the past and undergoing any medications.

.....  
**Student's Signature**  
Date: 20 / /

.....  
**Parent's Signature**  
Date: 20 / /

**FOR OFFICE USE ONLY:**

**GRADE APPLIED:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_ **DATE: 20** \_\_\_\_\_