



RAJARSHI GURUKUL

"Please attach 4 pp
sized photos"

APPLICANT'S INFORMATION

First Name		Middle Name		Family Name	
Date of Birth	Day	Month	Year	Place of Birth	
Applied Grade		Gender		Religion	
Nationality		Passport/ Citizenship		Student lives with	Parent <input type="checkbox"/> Guardian <input type="checkbox"/>
Referred By					
Name		Address		Relationship to Child	
Last School Attended	School Name, Address & Telephone			Last Grade Completed	
Other Schools Attended	School Name, Address & Telephone				
Particular Strength : (Please specify subjects of interests: interest & activity)					
Other Interests: e.g. Art, Music, Sport (Please specify standard & interest)					
Any academic difficulty: e.g. dyslexia					
Dietary Practice of your child	VEGETARIAN <input type="checkbox"/>	NON-VEGETARIAN <input type="checkbox"/>	Any Other:		
Would you like to use the Transportation Facility provided by our school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Would you like to enroll your child for After School Activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

FAMILY INFORMATION					
Father's Name				Education	
Profession		Company		Designation	
Permanent Address					
Address for Correspondence					
Telephone with Area Code	Phone (Res)	Mobile	Phone (Work)	Email	
Mother's Name				Education	
Profession		Company		Designation	
Permanent Address					
Address for Correspondence					
Telephone with Area Code	Phone (Res)	Mobile	Phone (Work)	Email	
Guardian's Name	Contact Address		Education		
Profession	Contact No.		Email		
Other Siblings					
Name		Age	School		Grade
Who takes care of your child at home?					
Why did you choose RG?					

HEALTH INFORMATION

Designate a Primary Emergency Contact:

Father Mother Guardian

Medical History	Yes	No	Details
Medical allergies			
Food Allergies			
Has your child received all legally required vaccinations?			
Does your child wear glasses?			
Does your child have any other health requirements?			

Please check if the student or a family member has or had any of the following medical problems

	Yes	No	Details
Anemia			
Asthma			
Cancer (Please Specify)			
Diabetes			
Epilepsy			
Heart Disease			
High Blood Pressure			
Kidney Disease			
Tuberculosis (TB)			
Chicken Pox			
Mumps			
Other (Please Specify)			

A xerox copy of the birth certificate of the candidate, as issued by the village or municipal authorities, or by the head of a registered nursing home, or by the medical practitioner who delivered the child (with his/her medical council registration number). No affidavits or school certificates are acceptable.

All of the above information is accurate to the best of my knowledge and I will provide a copy of the applicant's immunization records if requested. I understand that in emergency situations, the school may be required to authorize or carry out minor operative and therapeutic procedures or operations in the event of extreme emergencies. I grant Rajarshi Gurukul this authority.

PERMISSION AND UNDERSTANDING

Swimming Permission

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that swimming is the part of the school curriculum and that my child is required to take part in swimming class as per routine.

Field Trip Permission

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that Rajarshi Gurukul arranges for off-school trips, including academic-related field trips, sports competitions and off-school performances.

UNDERSTANDING

I understand and agree that the registration of my son/daughter does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.

I understand that I must notify the school if any changes to these decisions occur.

Signature of both parents	
Name (in print)	
Relationship to Child	
Date (Year/Month/Day)	

FOR OFFICE USE ONLY

Application Received On		REMARKS
Receipt No	Date	
Registration Number	RG / /	

Notes: for office use only

TRANSPORTATION INFORMATION

Student Name		Grade		Student Code	
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Parent's Name:

Contact Number (for SMS notification service)

Email Address (for email notification service)

Transportation Facility Required:

Bhaktapur

Outside-Bhaktapur

Pick-up Address

Nearest Landmark

Drop-Off Address

(if different from above)

Nearest Landmark

If school transportation is not required

My child will be picked up after school by a:

(Please provide 2 pp size photo & a valid ID)

	Name	Passport/ ID #/ License #
<input type="checkbox"/> Parent		
<input type="checkbox"/> Guardian		
<input type="checkbox"/> Others		

Location map from the nearest landmark (Please use back side of the page if provided space is not enough)

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