



# DAFFODIL

SCHOOL

ESTD: 2047

*Daffodil Public School*

B.P. Chowk, Nayapati, Kathmandu, Nepal  
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Kathmandu, Nepal  
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*Daffodil Boarding School*

Kapan, Bekh-3, Kathmandu, Nepal  
Tel: 0977 1 4810775, 4810231

Form No. ....

Ref. No. ....

PHOTO

## REGISTRATION FORM

### For Office Use Only

Date of admission: ..... Date of issue: .....

Child's date of birth: ..... Registration fee paid: .....

### A. GENERAL INFORMATION

1. Name of the Student : ..... Year : ..... Month : .....
2. Date of birth : ..... Son ☐ Daughter ☐
3. Class for which admission sought : .....
4. Day Scholar ☐ Day Boarder ☐
5. Transportation: Yes ☐ No ☐
6. Nationality of Father: ..... Mother : .....
7. Father's Name : ..... Educational Qualification .....  
Occupation ..... Mobile No. ....
8. Mother's Name: ..... Educational Qualification .....  
Occupation ..... Mobile No. ....
9. Residential address in Kathmandu : .....
10. Telephone: Home : ..... Office (1): ..... Office (2): .....
11. Permanent address : .....

Contd.

12. Person other than parents to contact in case of emergency

(Name and Telephone) :.....

13. Office address, including the name of the organization :.....

..... P.O. Box :.....

14. Name of brother/sister (own) studying in Daffodil School

(i) Name :..... Class :..... (ii) Name :..... Class :.....

15. Previous school attended, if any :.....

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## B. UNDERTAKING :

I hereby certify that all informations given in this registration form are true and correct. Further, I am fully aware that my ward's admission stands cancelled if at any time, any of the above informations are found to be false/incomplete. I agree to abide by the rules and regulations of the school.

Dated : .....

.....

Signature of the Parent/Guardian

For Office Use Only

## C. RECEIVED THE FOLLOWING DOCUMENTS:

1. Birth Certificate : (Original/Copy)

2. Transfer Certificate : (Original/Copy)

3. Progress Report Card : (Original/Copy)

Form checked by ..... on .....

Date of Admission test ..... Result .....

Date of interview ..... Result .....

ADMISSION: GRANTED ☐

PENDING ☐

NOT GRANTED ☐

.....

.....

Director/Principal

Date