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APPLICATION FORM FOR ADMISSION

Grade Applied to:

Form No.:

A. Student's Information

Full Name of the student (in BLOCK letters):

Full Name of the student (in Devanagari):

Date of Birth: BS

Day			Month			Year			

Gender: Male Female

AD

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Age: Years Months

Nationality:

Religion:

Name of the Current School:

Address of the Current School:

Current Grade:

Student lives with: Father and Mother Father only Mother only Local Guardians

Marital status of parents: Together Separated Single parent (If one parent is deceased)

B. Student's Health Information:

Blood group:

Height (cm):

Weight (kg):

Please tick if the child is vaccinated against the following:

COVID

BCG

Hepatitis - B

Measles

Polio

DPT

Other

Please list any health concerns including allergies, special medication, diet requirements, physical impairments, eye-sight problem, etc.

C. Status of Application

New Parent

Existing Parent (Applicant's sibling(s) currently studying at 3 AMS)

Alumnus

D. Mother's Information

Name:

Nationality:

Education:

Employment Status:

Self Employed

Business

Service

Others

Name of the Organization:

Address of the Organization:

Post/Designation:

Work Phone:

Contact Address:

Country:

Province:

Municipality:

Ward No.:

Street:

House No.:

Phone (Res.):

Mobile No.:

Email:

E. Father's Information

Name:

Nationality:

Education:

Employment Status:

Self Employed

Business

Service

Others

Name of the Organization:

Address of the Organization:

Post/Designation:

Work Phone:

Contact Address:

Country:

Province:

Municipality:

Ward No.:

Street:

House No.:

Phone (Res.):

Mobile No.:

Email:

F. Authorized Local Guardian's Information (other than parents:)

Name: _____ Relation: _____

Nationality: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile No.: _____ Email: _____

G. School Transportation

Is school transportation required? Yes No

If 'YES', please mention the nearest Landmark:

If 'NO', please mention the mode of transportation:

H. Additional Information

1. Why did you decide to choose 3 AMS School for your child's education?

2. How did you find out about 3 AMS School?

- Friends Teachers Relatives School Website Social Media
- Other: _____

I. Further Details of Student:

Please complete the following.

Does the child have any other sibling(s)? Yes No

If 'YES',

SN	Name of the Sibling	Current School	Gender	Grade	Age

1. What does your child enjoy the most in the current school?

- Games & Sports Creative & Expressive Arts Reading Writing
- Mathematics Social Interaction Music Others

2. What are your child's most challenging areas?

- Games & sports Creative & Expressive arts Reading Writing
 Mathematics Social Interaction Music Others

3. Tick the attributes that best reflect your child's personality:

- Interactive and playful Easily distracted Adaptable
 Prefers to keep to himself/ herself Focused at task on hand Eats well on his/ her own

4. Who looks after your child in your absence?

- Relatives Grand Parents Other _____

5. Does your child require special care/ support in the class? If 'Yes', please explain what kind of special care/ support is needed.

J. Documents to be submitted along with the Application Form:

- a. Copy of Registered Birth Certificate
b. First and Second Term result of current Academic Session

K. Declaration

All the information provided on this application form is correct, complete and true to the best of my/ our knowledge and belief. I/ We understand that any false information will lead to the cancellation of my/ our child's admission.

Mother

Affix the latest P.P. size colour photo

Father

Affix the latest P.P. size colour photo

Name and Signature of Mother

Name and Signature of Father

Date: _____

FOR OFFICIAL USE ONLY

Name: _____ Form No.: _____

Date:

Signature: