



RUPY'S INTERNATIONAL SCHOOL APPLICATION FORM

The Children's Castle
Baphal, Tahachal, Tel.: 4282907

For Office Use Only

Date of Admission: _____	Child's birth date: _____
When noticed: _____	Date of application: _____
Waiver signed: _____	Registration fee paid: _____
Emergency Release: _____	Deposit paid: _____
	Deposit refunded

A. General Information

1. Name of the child _____ Age: ____ Yrs. ____ Months ____
(FAMILY NAME) (FIRST NAME)
2. Nickname _____ Son _____ Daughter _____
3. Date of birth _____ Child's Nationality _____
Day-month-year
4. Nationality of Father _____ Mother _____
5. Educational attainment and/or occupation of parents
Father _____ Mother _____
6. First name of Father _____ Mother _____
7. Residential address in Kathmandu _____
8. Telephone: Home _____ Office _____ Friend _____
9. Permanent Address _____
10. Persons other than parents to contact in case of emergency (Name and Telephone):

11. Office address, including name of organization: _____
_____ P.O. Box _____
12. Name of parents you know, whose children are controlled in Rupy's International School:

13. Do you have any children enroller in other school? _____

B. Information about the child

1. Has your child attended a School before? Yes No If yes, please describe briefly:

2. Languages spoken with your child: _____

3. Child's Birth Certificate or Passport No.: _____
(To be shown to the principal if asked for)

4. The inoculation form is attached. Please read it carefully. The inoculations listed must be completed before admission, and the form returned after you have been informed that the child has a place in the school. Please show us the yellow health card or other evidence of the dates of the inoculations.

5. Is there any other information which you feel we should know about your child?

C. Miscellaneous

1. Which session do you expect your child to attend? 9 A.M. – 12:30 P.M.
9 A.M. – 03:00 P.M.

2. When do you want your child to start? _____

3. How long do you expect your child to be in our school? _____

4. Will your child require bus service? Yes No

D. Parent's Information

Father's hobbies & talents: _____

Mother's hobbies & talents: _____

Please make a drawing of the location of your residence, in relation to the school. This is needed whether or not you require transportation.

HEALTH RECORD FORM

1. **IB test:** Required once a year unless child had receive the BCG inoculation.
2. **DPT:** A 3-shot series given within the first year, followed by a booster one year after the last shot of the series, and another booster at age 5.
3. **Polio:** A series of 3 oral doses, followed by a booster one year after the last dose of the series, and another booster at age 5.
4. **Measles/
Mumps/
Rubella:** One inoculation given at 12 months is all that is required, followed by a booster at age 4-5.
5. **Meningococcal
Meningitis:** This inoculation for meningitis is very important. Many cases of meningitis has been reported in the valley. The inoculation is good for 2 years.

It is very important that all children attending our school receive inoculation. Check to see that your child's shots are up to date! Please fill out the form below. Bring the form and your child's **YELLOW CARD** to the office. If you do not have a yellow card, have your doctor fill and sign this form and bring it to the office. Please take care of this as soon as possible! Thank you for your cooperation.

INOCULATION RECORD

<u>BCG:</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: _____
<u>IB test:</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: _____
	Results:	Neg	<input type="checkbox"/>	Pos.	<input type="checkbox"/>
<u>DPT:</u>	3 shot series:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Booster:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<u>Polio:</u>	3-dose series:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Booster:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<u>Measles/Mumps/ Rebella:</u>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Booster:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<u>Measles (only)</u>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Booster:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<u>Meningococcal Meningitis:</u>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Booster:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<u>Yellow Card:</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(checked by _____ Date: _____)

If you don not have a yellow card:

Doctor's Name _____ Telephone: _____
 Doctor's Signature _____ Date: _____