



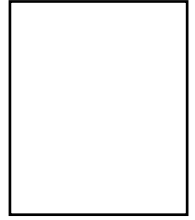
SANTALUM ALBUM ACADEMY

SHREEKHANDAPUR, KAVRE

Phone: 011-662522,

Email: santalumschool@gmail.com

APPLICATION FOR ADMISSION



Symbol No.: _____

Date: _____

Student's Name (IN BLOCK LETTER) _____

Student's Name (In Devnagari) _____

Date of Birth _____ Contact No. _____

Father/Guardian's Name _____ Contact No. _____

Mother's Name _____ Contact No. _____

Address: a) Permanent _____

b) Temporary _____ c) Profession _____

Admission seeking in class _____ Academic Year _____

Please tick the subjects of your interest

Business Studies Economics Co-operative Management

Computer Science Tourism & Mountaineering Studies

Please tick the facilities required

Transportation Hostel Coaching Others _____

Interest/ Hobby _____

Name of Previous School _____

Medium in Previous School _____ Class Passed _____ GPA _____

Carbon copy of all the academic documents & birth certificate are required to fill the form.

I agree with all the rules and regulations of the school and promise to follow them. Any decision made by the school is acceptable to me.

Student's Signature

Guardian's Signature

Principal

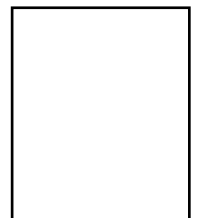


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ADMIT CARD



Name: _____

Symbol No. _____ Entrance Date _____

Principal