



Date:

ADMISSION FORM

Please read this application carefully, complete all section and ensure that supporting documenting documents are attached.

PP Size
Photo

Entrance Roll No.:

Level:

Preferred Shift:

Preferred Option:

Academic Year:

Application Date:

PERSONAL DETAILS

Student's Name (Block in Letters):

(In Devanagari)

Blood Group

Date of Birth:

B.S. / / A.D. / / Sex: M F

Nationality:

Student's Personal Mobile:

PERMANENT ADDRESS

Block No.

Street:

Ward No.:

Municipality/Rural Municipality:

District:

Phone (Home):

Father/Mother Mobile No.:

TEMPORARY ADDRESS

Block No.

Street:

Ward No.:

Municipality/Rural Municipality:

District:

Father/Mother Mobile No.:

GUARDIAN DETAILS

Father's Name:

Occupation:

Working Organization:

Designation:

Phone:

Mobile:

E-mail:

Mother's Name:

Occupation:

Working Organization:

Designation:

Phone:

Mobile:

E-mail:

Address:

LOCAL GUARDIAN/EMERGENCY CONTACT

Contact Person's Name:

Occupation:

Phone:

Mobile:

E-mail:

Nearest Bus Stop (if necessary)

Student's Health Problem (if any):

Student's Email:

RISING STAR

SECONDARY SCHOOL/COLLEGE

Bafal, Kathmandu, Nepal

Tel: 01-5373761, 5371467

E-mail: risingstar.edu.np@gmail.com

Website: www.risingstar.edu.np

ENTRANCE ADMIT CARD

Applicant's Signature

Entrance Roll No.:

Name:

Applied Level:

Option:

Shift:

(Students must be bring this card in entrance and interview)

PREVIOUS EDUCATIONAL QUALIFICATION AND TRAINING DETAILS

Passed Level	Institute/School/College	District	GPA	Language of Instruction	Country	Completed year

Awards (if any):_____

SPORTS DETAILS

Would you like to play? Football☐ Basketball☐ Cricket☐ Badminton☐ T.T. ☐ Karate ☐

if others _____

FUTURE DESIRE

Would you like to be? Banker☐ Entrepreneur☐ Business leader☐ Professor☐ Philosopher☐ Writer☐

 Actor/Actress☐ Manager☐ Others☐

_____Applicant’s Signature

LETTER OF CONSENT

Contact Deatils:

I assure you that I will co-operate the school/college in all respects for the entire academic programs. I hereby agree to abide the school/ college rules and regulations.

I understand that I will be subjected to any punishment if I am proved guilty about discipline, morality and irregularity that violate the codes and conduct of Rising Star Secondary School/College.

Consent of Guardian/Parent

Being the Guardian/Parent of Mr./Miss_____ to be the studying in grade/level _____ in RSSSC, it is my responsibility to keep a constant watch on each and every activity of my ward as well as to cooperate the school/college in all its program that benefit my child.

I hereby agree to withdraw my ward at any time from your school/college, if he/she voilate the rules or disturbs the academic environment of the school/college.

Name of Student: _____

Date: _____Signature

Guardian Name: _____

Date: _____Signature

FOR OFFICE USE ONLY

Entrance Examination Result

Entrance Test _____| Interview: _____| Total Marks Obtained: _____

Remarks: _____

Admission Result

Forwarded _____| Withheld: _____| Rejected: _____| Remarks: _____

Approved by _____

Name: _____| Signature: _____| Date: _____