

(for office use) Received Date: \_\_\_\_\_



# APPLICATION FOR ADMISSION

(PRE-SCHOOL THROUGH GRADE 12)

Please attach  
2 copies of  
p.p. size  
photographs

Lincoln School  
P.O. Box 2673  
Rabi Bhawan  
Kathmandu, Nepal

http://www.lsnepal.com  
Fax: 977-1-4272685  
Ph: 977-1-4270482

**Please print this form, complete and mail or fax to the above address:**

All information will be held confidentially in the student file.

## I. STUDENT INFORMATION

First Legal Name : \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Common or Nick Name \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex M or F : \_\_\_\_\_

Place of Birth: City/ State \_\_\_\_\_ Country \_\_\_\_\_

Citizenship1: \_\_\_\_\_ Citizenship2: \_\_\_\_\_ Passport # : \_\_\_\_\_  
(according to travel passport)

Date issued \_\_\_\_\_ Place issued City \_\_\_\_\_ Country \_\_\_\_\_  
(month) (day) (year)

Expiry date \_\_\_\_\_ Ethnic Nationality 1 \_\_\_\_\_ 2 \_\_\_\_\_  
(month) (day) (year)

Type of Passport (Please circle one): Diplomatic/ United Nations/ Official/ Ordinary/ Other (*specify*) \_\_\_\_\_

Grade applying for:  (Please circle one)	Pre-School (Age 3yr + before Sep 1 <sup>st</sup> )/
	Pre-KG (Age 4yr + before Sep 1 <sup>st</sup> )/
	Primary 1 (KG) (Age 5yr + before Sep 1 <sup>st</sup> )/
	Gr. 1/ Gr. 2/ Gr. 3/ Gr. 4/ Gr. 5/
	Gr. 6/ Gr. 7/ Gr. 8/
	Gr. 9/ Gr. 10/ Gr. 11/ Gr. 12

Previously applied or attended Lincoln School?: Yes \_\_\_\_\_ No \_\_\_\_\_

\*if yes please indicate date of last attendance or application to Lincoln School: mm \_\_\_\_/dd \_\_\_\_/yy \_\_\_\_

Expected date of arrival in Nepal: mm \_\_\_\_/dd \_\_\_\_/yy \_\_\_\_\_

Expected start date at Lincoln School: mm \_\_\_\_/dd \_\_\_\_/yy \_\_\_\_

Expected length of stay in Nepal: \_\_\_\_\_ years Bus transportation needed: Yes \_\_\_\_\_ No \_\_\_\_\_

**II. PARENT INFORMATION (If some information is not available until arrival in Nepal, leave blank)**

**Father**

**Mother**

Name : \_\_\_\_\_  
(first/middle/last)

\_\_\_\_\_ (first/middle/last)

Citizenship: \_\_\_\_\_

\_\_\_\_\_

Name of organization \_\_\_\_\_  
(Organization)

\_\_\_\_\_ (Organization)

in Nepal:  
Office Address \_\_\_\_\_  
in Nepal: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (P.O. Box)

\_\_\_\_\_ (City) \_\_\_\_\_ (P.O. Box)

Office phone: \_\_\_\_\_

\_\_\_\_\_

Office fax: \_\_\_\_\_

\_\_\_\_\_

Office e-mail: \_\_\_\_\_

\_\_\_\_\_

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**(Father)**

-----  
**(Mother)**

**Kathmandu**

**Home Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_ (Street)

\_\_\_\_\_ (House/ Block Number)

\_\_\_\_\_ (House/ Block Number)

Home phone: \_\_\_\_\_

\_\_\_\_\_

Home e-mail: \_\_\_\_\_

\_\_\_\_\_

Mobile phone: \_\_\_\_\_

\_\_\_\_\_

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**Correspondence address until arrival in Nepal (Required):**

\_\_\_\_\_  
(Street) (P.O. Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State, Zip Code) \_\_\_\_\_ (Country)

Phone: \_\_\_\_\_  
(Father)

\_\_\_\_\_ (Mother)

E-mail \_\_\_\_\_  
(Please print e-mail clearly)

\_\_\_\_\_ (Please print e-mail clearly)

Fax: \_\_\_\_\_

\_\_\_\_\_

**Permanent home country address or forwarding address (if Nepal is not your home country):**

\_\_\_\_\_  
(Street) (PO Box No) \_\_\_\_\_ (City) \_\_\_\_\_ (State, Zip Code) \_\_\_\_\_ (Country)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**III. FAMILY INFORMATION**

The student will live in Kathmandu with: Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Both Parents \_\_\_\_\_

Other \_\_\_\_\_ *if other please specify* \_\_\_\_\_

Other Children in the family: Yes \_\_\_\_\_ No \_\_\_\_\_

(List from eldest to youngest, including the applicant's name in the appropriate position)

Name	Birth Date (mm/dd/yy)	Sex	Applying to Lincoln? Yes/No	If Yes, what grade levels?	Currently Residing (where?)

**IV. EDUCATIONAL HISTORY**

**In which grades did the applicant study in an American system school? (circle all that apply)**

Pre-School/ Pre-KG/ Primary 1 (KG)/  
Gr. 1/ Gr. 2/ Gr. 3/ Gr. 4/ Gr. 5/ Gr. 6/ Gr. 7/ Gr. 8/ Gr. 9/ Gr. 10/ Gr. 11/ Gr. 12

**Special services received in previous schools (Check as many as apply):**

Gifted and Talent Programs \_\_\_\_\_ (ESOL) English Speaker of Other Language \_\_\_\_\_ Extended Tutoring \_\_\_\_\_  
 Accelerated or Honors Courses \_\_\_\_\_ Language Classes Extended Tutoring \_\_\_\_\_ (IEP) Individual Education Plan \_\_\_\_\_  
 Speech/ Language Services \_\_\_\_\_ Special Testing \_\_\_\_\_ Resource Room \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

**\*List all schools attended and dates attended. List most recent school first:**

Name of School	City & Country	Language of Instruction	Years Attended	Grade Completed/ Year of completion

**V. LANGUAGE BACKGROUND**

Does your child need special lesson on **ESOL (English Speaker of Other Language)**? \_\_\_\_\_

Applicant's first language \_\_\_\_\_ Primary language spoken at home \_\_\_\_\_

Father's first language \_\_\_\_\_ Mother's first language \_\_\_\_\_

Parent's assessment of applicant's fluency in English (check items that apply):

**Spoken English:** speaks some conversational English \_\_\_\_\_

fluent \_\_\_\_\_ beginner \_\_\_\_\_ none \_\_\_\_\_

**Writing ability in English:**

fluent \_\_\_\_\_ writes some English \_\_\_\_\_ beginner \_\_\_\_\_ none \_\_\_\_\_

**Reading ability:**

fluent \_\_\_\_\_ reads some English \_\_\_\_\_ beginner \_\_\_\_\_ none \_\_\_\_\_

**Lincoln School Admissions Office needs the following information and documents (Required):**

Does this student have any allergy? If yes, what happens?	Yes _____	No _____
Any medications taken for allergy? If Yes, which medicine?	Yes _____	No _____
Previous school transcripts or report cards or records (at least 2 years)		
Student Health Forms with copies of immunization records		
Copy of Passport		
2 Copies of passport size photos for bus and application forms		
1 auto size photo for ID card (for Gr. 6-12 only)		

**Except in unusual circumstances, enrollment will not be confirmed until records are received.**

**I AM WILLING TO ABIDE BY THE SCHOOL'S ESTABLISHED PROCEDURES AND POLICIES REGARDING TUITION PAYMENT, STUDENT CONDUCT, AND OTHER SCHOOL MATTERS.**

**Signature:** \_\_\_\_\_ **Date:** (month \_\_\_\_/day\_\_ /year\_\_\_\_)  
(parent or guardian)

**VI. FOR SCHOOL USE ONLY**

Admissions Office (Registration): \_\_\_\_\_ AP ID# \_\_\_\_\_ Family Code \_\_\_\_\_

Finance Office (Billing): \_\_\_\_\_

Transportation Office (Bus): \_\_\_\_\_

Bus Pick up location: \_\_\_\_\_ Bus Pick up Time: \_\_\_\_\_