



A Center of Excellence in Education

Ullens School

Khumaltar 15
PO Box 8975 EPC 1477
Lalitpur Nepal
Telephone: +977-01-5230944
Fax: +977-01-5230865
Email: info@ullens.edu.np

Inspired by



APPLICATION FOR admission

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ADM FORM - 1.01.01

1. CHILD'S PERSONAL INFORMATION:

(Please print clearly with black ink in BLOCK letters)

Name (English) LAST FIRST MIDDLE

Name (Devanagari)

Gender Female Male Nationality

Date of birth BS DAY MONTH YEAR Date of birth (AD) DAY MONTH YEAR

PLEASE CHECK THE GRADE YOU ARE APPLYING FOR

Grade One* Other

* Should be 5 years by October 1 of year before enrollment

PERMANENT ADDRESS

House No Area/Tole/Village Ward No Rural Municipality/Municipality/ Sub Metropolitan City/ Metropolitan City

District Province number/ Name

Mailing address, if different from permanent address: *(This is where all mail goes. Please keep updated by advising the Admissions Office)*

Contact phone 1 Contact phone 2

Contact E-mail

(We will be communicating with you via email. Please keep updated)

2. VOLUNTARY STATISTICAL INFORMATION

Information requested below is kept very confidential and it is used for only Ullens School purposes.

Child's religion: (If practised) Child's ethnicity

Child lives with Father and mother Father Mother Guardians

3. CHILD'S EDUCATIONAL INFORMATION

List names of schools the child attended previously.

SN	Name/s of school/s attended	Location	Grade	Dates attended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. CHILD'S SIBLING INFORMATION

SN	Name/s of child's sibling/s	Gender	Age	Name and address of School Attending	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. CHILD'S PARENTAL INFORMATION (PARENT/ GUARDIAN)

5.1 Personal details of biological parents:

Mother's name

Occupation

Designation

Name and address of employer/
self employment (If any)

Office phone

Residence Phone

Mobile phone

E-mail



PP SIZE PHOTO

Father's name

Occupation

Designation

Name and address of employer/
self employment (If any)

Office phone

Residence Phone

Mobile phone

E-mail



PP SIZE PHOTO

5.2 If Emergency contact is other than parents:

First emergency contact person's name

Relationship to the child Residence Phone

Office Phone Mobile phone

Second emergency contact person's name

Relationship to the child Residence Phone

Office Phone Mobile phone

6. GENERAL INFORMATION

The following Section has to be completed by the child's parents / guardians

Your answers to this battery of questions will help us get a sense of your child's abilities, interests, and personal style. Not all of the questions below may apply to your child. You need to answer only those that do. Please feel free to add any information you think might be useful in giving us a complete picture of your child.

1. Who recommended Ullens School to you and what motivated you to apply? Friends Teachers Relatives Advertisement

*Please Specify Name

Contact No.

List the factors that led you to apply to Ullens School:

2. What do you consider to be the most significant factor in your decision to apply to Ullens?

Ullens School's education philosophy Physical infrastructure Physical proximity Fee structure

3. Please list the top five things you would like us to know about your child.

4. Has the child ever been suspended or expelled from a school? Yes No **If yes,** please give the details considering the suspension.

5. Who takes care of your child at home in your absence?

Your relatives Your baby sitter Grand parents Your domestic helper

We understand that withholding or misrepresenting information may jeopardize admission or enrollment to Ullens School. Signature below indicates that all the information provided on this application is correct, complete and honestly presented.

Mother's signature

Father's signature

Guardian's signature

NOTE 1: Please note that if any changes occur within the family such as shifting home area, emergency contact person and/or telephone numbers it is essential that this information is given to the Admissions Office. Ullens School cannot be responsible for consequences that may arise with a student if the parents/guardians have not provided the changes concerning important student information.

DATE OF APPLICATION

SIGNATURE OF THE PRINCIPAL

CHECKLIST OF DOCUMENTS TO BE ATTACHED. PLEASE MAKE SURE THAT YOU ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Copy of child's birth registration certificate | <input type="checkbox"/> Four recent passport size photographs | <input type="checkbox"/> Child's original report card of the last grade/exam attended | <input type="checkbox"/> Copies of parents' citizenship certificates/passports (for foreign nationals, passport copy with valid visa) | <input type="checkbox"/> From Google Map Location |
|---|--|---|---|---|



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