



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 HIGH SCHOOL PROGRAMME

1. APPLICANT'S PERSONAL INFORMATION:

(Please print clearly in BLOCK letters)

Name (English) FIRST MIDDLE LAST

Name (Devanagari)

Gender Female Male Other Nationality

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

PLEASE CHECK THE GRADE YOU ARE APPLYING FOR

IBDP Grade Eleven (NEB)

PERMANENT ADDRESS

House No Area/Tole/Village Ward No Rural Municipality/Municipality/Sub Metropolitan City/Metropolitan City District Province number/Name Contact phone 1 Contact phone 2 Contact E-mail

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

ADDRESS OF RESIDENCE (if different from permanent address)

House No Area/Tole/Village Ward No Rural Municipality/Municipality/Sub Metropolitan City/Metropolitan City District Province number/Name 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.

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

Applicant lives with Father and mother Father Mother Guardians

3. APPLICANT'S EDUCATIONAL INFORMATION

List names of schools the applicant attended previously.

SN	Name/s of school/s attended	Location	Grade	Dates attended
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4. APPLICANT'S SIBLINGS INFORMATION

Full name of applicant's sibling/s	Age	Name of School/College	Grade	Tutions & Fees	Name of employer (if employed)	Amount of parents contribution for study
<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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5. APPLICANT'S PARENTAL INFORMATION (PARENT/ GUARDIAN)

What is the applicant's parent's current marital status?

Married Separated/Divorced Widowed

Who does the applicant live with?

Father Mother Both Parents Legal Guardians

Mother's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST	MIDDLE	LAST

Is the applicant's mother living? Yes No Date Deceased

Nationality/ Citizenship Current Address

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

FIRST

MIDDLE

LAST

Is the applicant's father living ?

 Yes No

Date Deceased

Nationality/
Citizenship

Current Address

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 applicant's parents / guardians

Your answers to these questions will help us get a sense of the applicant's abilities, interests, and personal style. Not all of the questions below may apply to the applicant. 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 the applicant.

1. Who recommended Ullens School to you and what motivated you to apply? (if person, please specify:)

 Parents Friends Teachers Others

Name

Contact No.

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 the applicant.

Does the applicant have any learning, sensory, social, emotional/mental health need that you would like us to know about ? And what kind of support could be useful?

Empty text box for providing details about the applicant's needs and support.

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

Empty text box for providing details of suspension or expulsion.

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

Your relatives Grand parents Your domestic helper

6. Does the applicant require school transportation?

Yes No

If yes, (1) please specify your location.
(2) provide us your location map clearly identifying the nearest mainroad

Location Map area with the text "Location Map" and "उत्तर (North)" with an upward arrow.

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.

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.

Signature lines for Mother's signature, Father's signature, Guardian's signature, DATE OF APPLICATION, and SIGNATURE OF THE APPLICANT.

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

Checklist of documents to be attached, including birth registration certificate, passport photos, citizenship certificates, report cards, and school recommendations.



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