



A Center of Excellence in Education



# ULLENS EXCELLENCE AWARD BS 2079

## APPLICATION FORM



Academic Session \_\_\_\_\_

### PERSONAL INFORMATION STUDENT (Please use upper case letters)

Name:     
FIRST MIDDLE LAST

Sex  Female  Male  Others Date of Birth        
DATE MONTH YEAR

Nationality

First Language  Second Language  Others

Current Address

Phone Number    
RESIDENCE MOBILE

E-mail

Permanent Address

Who do you live with?  Father and Mother  Father  Mother  Guardians  .....

### EDUCATIONAL INFORMATION STUDENT

List names of schools you have attended previously.

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

Academic grades average (%): Grade IX:  Grade X (latest result):

**Have you already decided on a course for higher studies or a career? If so, give details.**

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**What extracurricular activities have you been involved in?(Social service,sports, music etc.) Have you recieved any awards or other significant achievements? Please describe.**

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**What are your weaknesses? Please describe.**

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**What are your strengths? Please describe.**

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**How did you hear about the Ullens Excellence Award**

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**Why have you decided to study at Ullens scool**

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## PARENTAL INFORMATION

What is your parent's current marital status?

Married  Separated  Divorced  Widowed

With whom do you live?

Both Parents  Mother  Father  Legal Guardian

Mother's Name

FIRST

MIDDLE

LAST

Is your mother living?

Date Deceased

Nationality/  
Citizenship

Current Address

Occupation

PP SIZE PHOTO

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

Office Phone

Residence  
Phone

Mobile  
Phone

Email

Father's Name

FIRST

MIDDLE

LAST

Is your father living?

Date Deceased

Nationality/  
Citizenship

Current Address

Occupation

PP SIZE PHOTO

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

Office Phone

Residence  
Phone

Mobile  
Phone

Email

## If Emergency Contact is other than parents:

First emergency contact  
person's name

Relationship to the  
child

Residence Phone

Office Phone

Mobile Phone

First emergency contact  
person's name

Relationship to the  
child

Residence Phone

Mobile Phone

## SIBLINGS INFORMATION

Full Name of Family Member	Age	Relationship	Address	Name of School/College	Tutions & Fees	Name of employer(if employed)	

## GENERAL INFORMATION

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

Your answers to theses 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:

**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 Babysitter       Grand parents       Your Domestic Helper

**6. Do you need school transportation?**

- Yes       No

If yes, (1) please specify your location.  
(2) provide us your location map from the main road.

<b>Location Map</b>	<b>उत्तर ( North )</b>

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**

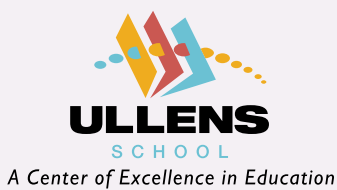
**NOTE 1:** Please note that if any changes occur within the family such as shifting home area, emergency contact person and/or telephone numbers it is essential that this information is given to the Admissions Office. Ullens School cannot be responsible for consequences that may arise with a student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

- Copy of student's birth registration certificate       Copy of Grade 9 final report card       Copies of parent's citizenship certificates
- Copy of Grade 10 3<sup>rd</sup> term report card



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