



A Center of Excellence in Education

# Ullens School

Khumaltar 15  
PO Box 8975 EPC 1477  
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Inspired by



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# APPLICATION FOR admission

ADM FORM - 1.01.01

## 1. CHILD'S PERSONAL INFORMATION:

(Please print clearly with black ink in BLOCK letters)

Name (English) FIRST MIDDLE LAST

Name (Devanagari)

Gender 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

Specify grade

\* Should be 5 years by October 1 before enrollment in grade one

### PERMANENT ADDRESS

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

### ADDRESS OF RESIDENCE

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

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

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

2.2 Child lives with  Both Parents  Parent 1  Parent 2  Guardians  .....

2.3 Who takes care of your child at home in your absence?  Grand parents  Relatives  Helper

### 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"/>
<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"/>

### 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 parents:

**Parent 1**

Occupation

Designation

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

Office  
phone

Residence  
Phone

Mobile  
phone

E-mail

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**Parent 2**

Occupation

Designation

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

Office  
phone

Residence  
Phone

Mobile  
phone

E-mail

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### 5.2 Emergency contact other than parents:

First emergency contact person's name	<input type="text"/>		
Relationship to the child	<input type="text"/>	Residence Phone	<input type="text"/>
Office Phone	<input type="text"/>	Mobile phone	<input type="text"/>
Second emergency contact person's name	<input type="text"/>		
Relationship to the child	<input type="text"/>	Residence Phone	<input type="text"/>
Office Phone	<input type="text"/>	Mobile phone	<input type="text"/>

## 6. GENERAL INFORMATION

### 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 approach to education     Trained teachers     Physical proximity    Any Other (Please Specify) .....

## 7. CHILD'S LEARNING STYLE AND INTERESTS

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 learning style. Not all of the statements below may apply to your child. You need to tick 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 and support children in maximizing their strengths.

### 1. My child:

<input type="checkbox"/> recognizes variation in a person's tone of voice	<input type="checkbox"/> notices details	<input type="checkbox"/> taps pencil or foot while doing some work	<input type="checkbox"/> Any other – specify ..... .....
<input type="checkbox"/> is easily distracted by background noise	<input type="checkbox"/> remembers faces better than names	<input type="checkbox"/> enjoys touching and feeling things	..... .....

### 2. My child:

<input type="checkbox"/> is interested in using videos, pictures, diagrams, mind maps, flashcards and visuals when learning.	<input type="checkbox"/> prefers verbal communication to written communication. Enjoys participating in dialogues and discussing things.	<input type="checkbox"/> is good with logic and numbers, easily makes connections.	<input type="checkbox"/> enjoys listening to music and prefers watching TV while reading and writing.
<input type="checkbox"/> has many friends and prefers group projects and team work engagement activities.	<input type="checkbox"/> enjoys working independently and spending a lot of time reflecting and working alone.	<input type="checkbox"/> Prefers learning outside the room - on the rooftop, in the garden or next to the window	

## 8. DO YOU NEED SCHOOL TRANSPORTATION?

Yes  No

If yes, (1) please specify your location.

(2) provide us your location map from the main road and include prominent landmark.

### Location Map

उत्तर (North)



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.

Parent 1 signature

Parent 2 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"/> Google Map Location | <input type="checkbox"/> COVID Vaccination Card |
|---|--|--|---|--|---|



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