

Both Parents

lives with

Parent 1

Parent 2

Guardians

Ullens School

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



Inspired by



PP SIZE PHOTO

APPLICATION FOR ACMISSION

1. APPLICANT'S PERSONAL INFORMATION: (Please print clearly in BLOCK letters) Name FIRST MIDDLE LAST (English) Name (Devanagari) Female Male Other Gender Nationality Date of DAY Date of DAY MONTH YEAR MONTH YEAR birth (BS) birth (AD) PLEASE CHECK THE GRADE YOU ARE APPLYING FOR IBDP Grade Eleven (NEB) **PERMANENT ADDRESS** Rural Municipality/Municipality/ House Area/Tole/ Ward Sub Metropolitan City/ Village No No Metropolitan City Province District Name Contact Contact phone 1 phone 2 Contact E-mail (We will be communicating with you via email. Please keep updated) ADDRESS OF RESIDENCE (if different from permanent address) Rural Municipality/Municipality/ House Area/Tole/ Ward Sub Metropolitan City/ Village Nο Nο Metropolitan City District **Province Name** Contact Contact phone 1 phone 2 Contact E-mail (We will be communicating with you via email. Please keep updated) 2. VOLUNTARY STATISTICAL INFORMATION Information requested below will be kept strictly confidential and will be used only for Ullens School purposes. Applicant's religion: Applicant's ethnicity (If practised) **Applicant**

3. APPLICANT'S EDUCA	TIONAL INFORMATION			
List names of schools the app				
SN Name/s o	f school/s attended	Location	Grade	Dates attended
4. APPLICANT'S SIBLING	GS INFORMATION			
Full name of applicant's s		Name of School/College		Grade
5. APPLICANT'S PAREN	TAL INFORMATION (PARI	ENT/ GUARDIAN)		
		ENT/ GUARDIAN)		
Who does the applicant live	e with?			
	e with?	ENT/ GUARDIAN) Legal Guardians		
Who does the applicant live	e with? ont 2 Both Parents	Legal Guardians		PP SIZE PHOTO
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Parent 2's name							
	FIRST	_	MIDDLE		LAST		
Nationality/ Citizenship		Currer	nt Address			PP	SIZE PHOTO
Occupation		Designati	on				
Name and address o self employn							
Office phone			Residen pho				
Mobile phone			E-m	ail			
If emergency o	contact is other tha	n 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 INFOR The following Section ha		w the applicant's	naronts / qua	ordians			
The following section has				abilities, interests, a			
may apply to the applica	nt. You need to answ			feel free to add any	illioilliation you till	ik illigili be	
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Name Contact No. 2. What do you consider Ullens approach to education	nt. You need to answithe applicant. Ullens School to you hool students	wer only those the u and what mot My friends mificant factor i Physical infrastruct	ure	o apply? (if person) ool teachers on to apply to Ullo	, please specify) Ullens School gradens?	luates	Others
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Does the applicant have any learning, sei of support could be useful?	nsory, social, emotional/mental health n	eed that you would like us to	know about ? And what kind
Has the applicant ever been suspend If yes, please give the details consider	-	es No	
Who takes care of your child at home	e in your absence?		
Your relatives	Grand parents		Your domestic helper
Does the applicant require school tr	ansportation?		
Yes No			
If yes, (1) please specify your locatio (2) provide us your location m	n. ap clearly identifying the nearest ma	inroad	
	Location Map		उत्तर (North)
			
umbers it is essential that this informat ay arise with a student if the parents/g	s occur within the family such as shifting ion is given to the Admissions Office. U uardians have not provided the change epresenting information may jeopardize	lens School cannot be response sconcerning important students	nsible for consequences that ent information.
=	ed on this application is correct, complete		5.105 J. 1.105 J. 3.19 J. 1.105 J. 1.10
Parent 1's signature	Parent 2's signature		Guardian's signature
DATE OF APPLICATION		SIGNATURE	OF THE APPLICANT
ECKLIST OF DOCUMENTS TO BE ATTAC	HED. PLEASE MAKE SURE THAT YOU ATTA	CH A COPY OF THE FOLLOWIN	G DOCUMENTS:
Copy of applicant's birth registration certificate or citizenship		s' citizenship certificates/passports nals, passport copy with valid visa)	Copy of Grade Nine's final term report card
Copy of Grade Ten's final 3™ term report card	Recommendation from school		term report cura
A A	Illens School		



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