



A Center of Excellence in Education

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 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 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 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 will be kept strictly confidential and will be used only for Ullens School purposes.

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

Applicant lives with Both Parents Parent 1 Parent 2 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
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5. APPLICANT'S PARENTAL INFORMATION (PARENT/ GUARDIAN)

Who does the applicant live with?

Parent 1 Parent 2 Both Parents Legal Guardians

Parent 1's name
FIRST MIDDLE LAST

Nationality/Citizenship Current Address

Occupation Designation

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

Office phone Residence phone

Mobile phone E-mail



Parent 2's name

FIRST

MIDDLE

LAST

Nationality/
Citizenship

Current Address

Occupation

Designation

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

Office
phone

Residence
phone

Mobile
phone

E-mail

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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 of Ullens School students My friends Ullens School teachers Ullens School graduates Others

Name

Contact No.

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

Ullens approach to education Physical infrastructure Physical proximity Fee structure
 If other, specify:

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

