



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



Bankstreet
College of Education

PP SIZE PHOTO

APPLICATION FOR admission

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

Mailing address, if different from permanent address: 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

Mailing address, if different from permanent address: 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 will be kept strictly confidential and will be used only for Ullens School purposes.

Child's religion: (If practised) Applicant'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 ☐ Caretaker

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/attended	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 the employing organization/self employment (If any)

Office
phone

Residence
Phone

Mobile
phone

E-mail

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Parent 2

Occupation

Designation

Name and address of the employing organization/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			
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

1. Who recommended Ullens School to you and what motivated you to apply?

<input type="checkbox"/> Friends	<input type="checkbox"/> Teachers	<input type="checkbox"/> Relatives	<input type="checkbox"/> Advertisement	<input type="checkbox"/>
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*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 School?

<input type="checkbox"/> Ullens approach to education	<input type="checkbox"/> Trained teachers	<input type="checkbox"/> Physical proximity	Other (Please Specify)
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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 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"/> 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 a 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:

☐ Copy of child's birth registration certificate

☐ Four recent passport size photographs

☐ Child's original report card of the last grade/ exam attended

☐ Copies of parents' citizenship certificates/passport copies with a valid visa for foreign nationals

☐ Google Map Location



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