



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

A P P L I C A T I O N F O R

admission

HIGH SCHOOL PROGRAMME

1. APPLICANT'S PERSONAL INFORMATION:

(Please print clearly in BLOCK letters)

Name (English)	FIRST	MIDDLE	LAST				
Name (Devanagari)							
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other	Nationality			
Date of birth (BS)	DAY	MONTH	YEAR	Date of birth (AD)	DAY	MONTH	YEAR

PLEASE CHECK THE GRADE YOU ARE APPLYING FOR

<input type="checkbox"/> IBDP	<input type="checkbox"/> Grade Eleven (NEB)
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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	<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardians <input type="checkbox"/>

3. APPLICANT'S EDUCATIONAL INFORMATION

List names of schools the applicant attended previously.

SN	Name/s of school/s attended	Location	Grade	Dates attended

4. APPLICANT'S SIBLING INFORMATION

Full name of applicant's sibling/s	Age	Name of School/College	Grade

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST	MIDDLE	LAST

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Nationality/
Citizenship

Current Address

Occupation

Designation

Name and address of the employing
organization/self employment (If any)

Office
phone

Residence
phone

Mobile
phone

E-mail

Parent 2's name			PP SIZE PHOTO
		FIRST	
		MIDDLE	
Nationality/ Citizenship		Current Address	
Occupation		Designation	
Name and address of the employing organization/self employment (If any)			
Office phone		Residence phone	
Mobile phone		E-mail	

If emergency contact is other than parents:

First emergency contact person's name		Residence phone
Relationship to the child		
Office phone		
Second emergency contact person's name		Mobile phone
Relationship to the child		
Office 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)

<input type="checkbox"/> Parents of Ullens School students	<input type="checkbox"/> My friends	<input type="checkbox"/> Ullens School teachers	<input type="checkbox"/> Ullens School graduates	<input type="checkbox"/> Others
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Name

Contact No.

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

<input type="checkbox"/> Ullens approach to education	<input type="checkbox"/> Physical infrastructure	<input type="checkbox"/> Physical proximity	<input type="checkbox"/> Fee structure
<input type="checkbox"/> If other, specify:			

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

Does the applicant have any learning, sensory, social, emotional/mental health need that you would like us to know about? And what kind of support could be useful?

4. Has the applicant ever been suspended or expelled from school? Yes No
If yes, please give the details considering the suspension/expulsion.

5. Who takes care of your child at home in your absence?

Relatives

Grandparents

Caretaker

6. Does the applicant require school transportation?

Yes No

If yes, (1) please specify your location.
(2) provide us your location map clearly identifying the nearest mainroad and include a prominent landmark.

Location Map

उत्तर (North)



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.

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's signature

Parent 2's signature

Guardian's signature

DATE OF APPLICATION

SIGNATURE OF THE APPLICANT

CHECKLIST OF DOCUMENTS TO BE ATTACHED. PLEASE MAKE SURE THAT YOU ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

<input type="checkbox"/> Copy of applicant's birth registration certificate or citizenship	<input type="checkbox"/> Eight recent passport size photographs	<input type="checkbox"/> Copies of parents' citizenship certificates/passports (for foreign nationals, passport copy with valid visa)	<input type="checkbox"/> Copy of Grade Nine's final term report card
<input type="checkbox"/> Copy of Grade Ten's final 3 rd term report card	<input type="checkbox"/> Recommendation from school		



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