



A Center of Excellence in Education

Ullens School

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PP SIZE PHOTO

APPLICATION FOR admission

APPLICATION FOR

admission

ADM FORM - 1.01.01

1. CHILD'S PERSONAL INFORMATION:

(Please print clearly with black ink in BLOCK letters)

Name (English) LAST FIRST MIDDLE

Name (Devanagari)

Gender Female Male Nationality Second name or family name of the child if any

Date of birth BS DAY MONTH YEAR Date of birth (AD) DAY MONTH YEAR

PLEASE CHECK THE GRADE YOU ARE APPLYING FOR

Kindergarten 3 years 4 years 5 years Primary Level Grade One Grade Two Grade Three Grade Four Grade Five Lower Secondary Level Grade Six Grade Seven Grade Eight

PERMANENT ADDRESS

House No Area/Tole/Village Ward No VDC/Municipality District Zone

Mailing address, if different from permanent address: (This is where all mail goes. Please keep updated by advising the Admissions Office)

Mailing address input fields

Contact phone Fax Contact E-mail

(We will be communicating with you via email. Please keep updated)

2. CHILD'S MEDICAL INFORMATION

Height (cm) Weight (KG) Blood group

Child's vaccination records (Please check if the child is vaccinated & write if any vaccination record is missing from the list below)

Vaccination records checkboxes: DPT, BCG, Hepatitis- B, MMR, Polio, Tetanus, etc.

Indicate name and address of child's primary physician or other health care provider (If any)

Name Telephone

Address

List any physical limitations or health problems of your child including allergies, special medication/diet, physical impairments, eye-sight problem, hearing difficulty, etc.

Health problems input fields

6. CHILD'S PARENTAL INFORMATION (PARENT/ GUARDIAN)

6.1 Personal details of biological parents:

Mother's name	<input type="text"/>	Date of birth	<input type="text"/>
Occupation	<input type="text"/>	Designation	<input type="text"/>
Name and address of employer/ self employment (If any) <input type="text"/>			
Office phone	<input type="text"/>	Residence Phone	<input type="text"/>
Mobile phone	<input type="text"/>	E-mail	<input type="text"/>
Father's name	<input type="text"/>	Date of birth	<input type="text"/>
Occupation	<input type="text"/>	Designation	<input type="text"/>
Name and address of employer/ self employment (If any) <input type="text"/>			
Office phone	<input type="text"/>	Residence Phone	<input type="text"/>
Mobile phone	<input type="text"/>	E-mail	<input type="text"/>

6.2 In case of physical absence of biological parents,

Status of parents	<input type="checkbox"/> Mother- Living outside Kathmandu valley	<input type="checkbox"/> Living abroad	<input type="checkbox"/> Passed away
If living abroad, Address	<input type="text"/>		
Phone	<input type="text"/>	E-mail	<input type="text"/>
	<input type="checkbox"/> Father- Living outside Kathmandu valley	<input type="checkbox"/> Living abroad	<input type="checkbox"/> Passed away
If living abroad, Address	<input type="text"/>		
Phone	<input type="text"/>	E-mail	<input type="text"/>
Local Guardian's name/s	<input type="text"/>		
Occupation	<input type="text"/>	Designation	<input type="text"/>
Name and address of employer/ self employment (If any) <input type="text"/>			
Office phone	<input type="text"/>	Residence Phone	<input type="text"/>
Mobile phone	<input type="text"/>	E-mail	<input type="text"/>

7. GENERAL INFORMATION

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 style. Not all of the questions below may apply to your child. 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 your child.

1. Who recommended Ullens School to you and what motivated you to apply? Friends Teachers Relatives Advertisement

List the factors that led you to apply to Ullens School:

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.

Mother's signature

Father's 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.

NOTE 2: If you wish to apply for financial aid, please pick up a Financial Aid Application form from the Admissions Office. Please know that the Financial Aid is limited and need based.

OFFICE USE ONLY:

.....son/daughter of Mrs.
..... and Mr....., has been admitted in grade
.....at Ullens School. Her/his SIN (Student Identification Number)
code isDate:

SIGNATURE OF THE PRINCIPAL