



A Center of Excellence in Education



ULLENS EXCELLENCE AWARD & SCHOLARSHIP BS 2083

APPLICATION FORM



Applying for: **Ulleens Excellence Award** (Minimum requirement of 3.9 GPA in SEE)
 Ulleens Excellence Scholarship (Minimum requirement of 3.6 GPA in SEE)

Select your preferred program: Grade Twelve (NEB) IBDP

PERSONAL INFORMATION STUDENT *(Please use upper case letters)*

Name:
FIRST MIDDLE LAST

Sex: Female Male Others Date of Birth:
DATE MONTH YEAR

Nationality:

First Language: Second Language: Others:

Current Address:

Phone Number:
RESIDENCE MOBILE

E-mail:

Permanent Address:

Who do you live with? Father and Mother Father Mother Guardians

EDUCATIONAL INFORMATION STUDENT

List names of schools you have attended previously.

SN	Name 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"/>

Academic grades average (%): Grade IX: Grade X (latest result):

PARENTAL INFORMATION

What is your parents' current marital status ?

Married Separated Divorced Widowed

With whom do you live?

Both Parents Mother Father Legal Guardian

Mother's Name

FIRST

MIDDLE

LAST

Is your mother living? Yes No

Date Deceased

Nationality/
Citizenship

Current Address

Occupation

PP SIZE PHOTO

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

Office Phone

Residence
Phone

Mobile
Phone

Email

Father's Name

FIRST

MIDDLE

LAST

Is your father living? Yes No

Date Deceased

Nationality/
Citizenship

Current Address

Occupation

PP SIZE PHOTO

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

Office Phone

Residence
Phone

Mobile
Phone

Email

If Emergency Contact is other than parents:

First emergency contact
person's name

Relationship to the
child

Residence Phone

Office Phone

Mobile Phone

First emergency contact
person's name

Relationship to the
child

Residence Phone

Office Phone

Mobile Phone

SIBILINGS INFORMATION

Full Name of Family Member	Age	Relationship	Address	Name of School/College	Tuitions & Fees	Name of employer (if employed)

GENERAL INFORMATION

The following section has to be completed by the child's parents/guardians.

Your answers to these 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

*Please Specify Name

Contact No.

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

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

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

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

- Your relatives Your caretaker Grandparents Your domestic helper

6. Do you need school transportation?

- Yes No

If yes, (1) please specify your location.
(2) provide us your location map from the main road.

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.

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.

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 student's birth registration certificate Copy of Grade Nine final report card Copies of parents' citizenship certificates
- Copy of SEE grade sheet



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theUllensSchool



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