



(PLEASE FILL ALL FIELDS IN CAPITAL LETTERS.
INCOMPLETE/INCORRECTLY FILLED FORMS WILL NOT BE PROCESSED)

Downloaded form

FOR OFFICE USE ONLY --> Receipt No

Date:

FULL NAME:		Application No:	
APPLICANT'S PROFILE			
First Name:		Last Name:	
Residential Address:			
		Zip Code:	
Nationality:		Phone No:	
Languages known by the applicant (speaking):			
Languages known by the applicant (reading and writing):			
Date of Birth:		Age:	Sex(M/F):
Have you applied to HLC before (provide details of year):			
School & class last attended (<i>attach progress report</i>):		Class to which admission is sought:	
Does the applicant have any family members studying at HLC (Provide details of relationship, name and class):			
From where did you hear about HLC:			
PARENT/GUARDIAN INFORMATION			
In whose primary care is the applicant (<i>tick as applicable</i>):			
		Both Parents	Mother
		Father	Other guardian
Father's/Guardian's Name:		Occupation:	
Occupation details (designation, department, and organization/company name):			
Work Address:			
		Mobile:	
		E-Mail:	
Educational Qualifications:		Nationality:	
Languages known:			
Mother's Name:		Occupation:	
Occupation details (designation, department, organization/company name):			
Work Address:			
		Mobile:	
		E-Mail:	
Educational Qualifications:		Nationality:	
Languages known:			

MEDICAL INFORMATION

Does the applicant have a medical condition which requires regular intervention/care: Yes No

If yes, provide details (*attach recent medical report certified by a licensed medical practitioner*). Please mention allergies and reactions to edibles, chemicals and other items

Has the applicant been prescribed any medication. If yes, provide details (*attach prescription*):

Applicant's/Family doctor's name and address:

Doctor's contact number:

Applicant's blood group:

FOR APPLICANTS WITH SPECIAL NEEDS

Does the applicant have special behavioural/ability needs which the school must know of: Yes No

If yes, provide details (*attach recent assessment report certified by a licensed institute/practitioner*)

In your own words, please describe the applicant's needs, challenges and care required:

Is the applicant undergoing therapy/care for special needs. If yes, provide details:

IN CASE OF EMERGENCY

Name of local friend or relative (not staying at the same address as applicant):

Relationship to the applicant:

Complete residential address:

Phone No. (Home):

Complete office address:

Phone No. (Work):

Mobile No.:

Email address:

APPLICATION CHECKLIST

Please ensure that the following supporting documents are attached to the application (*Incomplete applications will not be processed*):

- Two recent passport size colour photographs of the applicant (one to be affixed in the space provided another to be attached to the form)
- Copy of the applicant's birth certificate
- Address proof of the parent (copy of passport/ration card/driver's license/voter's ID card) - In case of parents holding international passport, please provide copy of passport AND local address proof
- Transfer certificate from current school, in original (To be submitted before the student starts school)
- Copy of the most recent progress report
- Medical report and prescription from a licensed medical practitioner, if applicable
- Assessment report from a special needs institute/practitioner, if applicable

ADDITIONAL INFORMATION

In your own words, please provide some more information about the applicant not mentioned in the form above: Include description of the child's personality, hobbies and interests, skills:

Please mention the reasons for leaving the current school (*this information will be kept confidential. We encourage you to be forthcoming so that we may process your child's application with as much information as possible*):

Please mention reasons for considering HLC. We would like to know a little bit about the expectations you have from us regarding your child's education:

As a parent, how would you like to participate in the school's efforts and endeavours:

DECLARATION