



# Headstart Learning Centre

## STUDENT APPLICATION FORM

(PLEASE FILL ALL FIELDS IN CAPITAL LETTERS)

FOR OFFICE USE ONLY -->

Receipt No:

Date:

www.headstartschool.org

FULL NAME:

Roll NO:

### APPLICANT PROFILE

First Name:

Last Name:

Residential Address:

Zip Code:

About Applicant (interests, hobbies, skills, needs etc.):

AFFIX PHOTO

Have you applied here before?

Why Headstart:

Birth date:

Age:

Sex:

Yes

No

/ /

M

F

School last attended:

Class to which admission is sought:

Reason for leaving:

Documents included with application (please check all boxes applicable):

T.C

Progress Report

Birth Certificate

Other

Other family members studying at HLC:

Referred by:

### PARENT/GUARDIAN INFORMATION

(Please give your home and office contacts below.)

Father's Name:

Occupation:

Work Address:

Mobile:

E-Mail:

Mother's Name:

Occupation:

Work Address:

Mobile:

E-Mail:

### MEDICAL REPORT ON APPLICANT

Is applicant in good health? If No, why not?

Is applicant prescribed any medication?

Yes

No

If Yes, what is it?

Applicant's doctor's address:

Doctor's Mobile No:

Applicant's Blood Group:

Additional Info on applicant:

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):

Relationship to applicant:

Home phone:

Work phone no:

The above information is true to the best of my knowledge. I understand that all applications are scrutinized without bias and the applicant shall be called for a test based on availability and criteria met. Any application fee levied off me is non-refundable. I understand that the school's decision is final and binding.

Date:

Signature of Parent/Guardian:

VIDYOTSAHI EDUCATIONAL & CHARITABLE TRUST