



UNIVERSITY of CAMBRIDGE  
International Examinations

Cambridge International School

**HLC**  
INTERNATIONAL



TweetHLC



HLCSchool



HLCTubes



contactus@headstartschool.org

(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:					
<b>APPLICANT'S PROFILE</b>							
First Name:		Last Name:					
Residential Address:							
AFFIX PHOTO (In addition to this, please attach another passport size photograph with the application form)							
				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:							
<b>PARENT/GUARDIAN INFORMATION</b>							
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, 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:

### EARLIER ACADEMIC ACHIEVEMENTS

Identify examination board (ICSE/CBSE/IGCSE/ Any Other):

Qualifying Examination taken in year (Please offer an explanation if the qualifying examination was taken before 2010):

Did the applicant drop mathematics or one/all of the sciences in Std.9? If so, mention the subject/s and give a brief explanation:

Academic History of Applicant: Please enter your marks in the appropriate column in the grid below. This grid must be filled in by **ALL** applicants. **Copies of your Std.9 and 10 reports must also be attached:**

SUBJECT	STD 9 [half-yearly]	STD 9 [Final]	STD 10 [half-yearly]	STD 10 [Final]
English				
Second Language				



### 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

I, \_\_\_\_\_ declare that the above information is true to the best of my knowledge. I understand that if found incorrect/incomplete, the application will not be processed and that HLC International/VECT (Vidyotsahi Educational and Charitable Trust) reserves the right to inform me about the same, as per their discretion. I understand that all applications are scrutinised without bias and the applicant shall be called for test/any other application procedure as per availability of seats and the criteria met. To the best of my knowledge, I have also disclosed my child's habits and behavioral patterns and withheld nothing that may be useful in assessing my child during admissions at HLC. I further understand that the application fee and any other fee (admission fee, products and services fee, book fees and all such others) levied is non refundable. I understand that the school's decision is binding and final.

Date:

Signature of Parent/Guardian: