



HEBRON SCHOOL

OOTACAMUND, SOUTH INDIA

APPLICATION FOR STUDENT ADMISSION

(PLEASE FILL IN THIS FORM USING BLOCK LETTERS)

Date received:
.....
Reference Number:
.....
Other reference:
.....

LUSHINGTON HALL, OOTACAMUND, TN 643 001, SOUTH INDIA
PH: (+91) 423 2225820 FAX: (+91) 423 2441295

All students are admitted to Hebron as boarders. Exceptions may be made for a small number of students under special circumstances. The school allows no claim of priority due to the date of application or length of correspondence, and makes no promise of admission until the applicant is formally admitted in writing.

STUDENT'S FULL NAME: Surname:

Given names:

SEX: **DATE OF BIRTH:**
(dd/mm/yr)

BIRTHPLACE: Town Country.....

NATIONALITY:.....

PASSPORT DETAILS: Country:

Number: Place of issue:

Date of issue:..... Date of expiry:

Attach a recent
photo of student
here

NAME OF PRESENT SCHOOL:

ADDRESS OF PRESENT SCHOOL:

PHONE:

TYPE OF SCHOOL:
(Syllabus followed / Public examinations for which students are prepared eg GCSE)

DATE OF ENTRANCE: **DATE OF EXPECTED LEAVING:**

PRESENT CLASS:

CLASS / SEMESTER / YEAR INTO WHICH ADMISSION IS DESIRED:

Class: **Semester** commencing: AUGUST / FEBRUARY (Circle) **Year:**.....

PREVIOUS SCHOOL HISTORY
(Include home schooling details)

SCHOOL ATTENDED	YEARS	LEVEL/CLASS

IF CLASS 9 OR ABOVE, PLEASE PROVIDE DETAILS OF SUBJECTS AND GRADES ACHIEVED

CLASS	SUBJECT AND ACHIEVEMENT
eg. Std 10	Geography - credit ; History - pass ; Maths - pass; English - credit Etc

FOR CLASS 12 APPLICANTS: INDICATE LIKELY SUBJECT CHOICES. (SEE A LEVEL PROSPECTUS). INDICATE WHETHER 'A' OR 'AS' LEVEL.

1. General Studies 2. (A or AS) 3. (A or AS)
 4. (A or AS) 5. (A or AS) 6. (A or AS)

FOR ALL STUDENTS:

WHERE DID YOU HEAR OF HEBRON SCHOOL? PLEASE MENTION ANY PUBLICATION/ WEBSITE/ PERSON WHICH/ WHO HAS DRAWN YOU TO HEBRON:

.....

IN WHAT COUNTRY DO YOU EXPECT YOUR CHILD TO UNDERTAKE TERTIARY STUDY?

.....

IS THIS STUDENT KNOWN TO HAVE ANY RECORD OF SMOKING? YES / NO

IS THIS STUDENT KNOWN TO HAVE ANY RECORD OF DRUG/ ALCOHOL ABUSE? YES / NO

IF YES, PLEASE DESCRIBE THE SITUATION:

.....

.....

FATHER'S DETAILS: Surname: Given names:.....

Residential Address:
.....
.....

Contact Phone Number:

Contact Fax Number (if applicable):

Email:.....

Nationality: Religion:

Occupation: Employer/Mission:

Currency in which salary is paid:

MOTHER'S DETAILS: Surname: Given names:.....

Residential Address:
(If different to above)
.....
.....

Contact Phone Number:

Contact Fax Number (if applicable):

Email:.....

Nationality: Religion:

Occupation: Employer/Mission (if applicable):

Currency in which salary is paid (if applicable):

DETAILS OF SIBLINGS (BROTHERS / SISTERS)

NAME	DATE OF BIRTH	SEX (M/F)	PRESENT SCHOOL	CLASS

WHAT IS THE PRIMARY LANGUAGE(S) SPOKEN IN THE HOME?

ARE ANY OTHER LANGUAGES SPOKEN?

FEES: Will you receive assistance in payment of fees by any other person / party? If so, please provide details.

Percentage / amount of fees to be paid by this person / party:

For any student of **Class 9 or above**, please **enclose** a reference / testimonial with this application. This may come from a teacher, minister of religion or other respected person, other than a relative.

GIVE THE NAME, ADDRESS AND PHONE NUMBER OF THE STUDENT'S REFEREE:

.....

.....

Phone:

Position:

LOCAL GUARDIAN: (TO BE COMPLETED IF PARENT IS NOT RESIDENT IN INDIA)

Surname:..... Given Names:.....

Address:

.....

Phone number:

AGREEMENTS:

VERY IMPORTANT DECLARATIONS which must be signed for admission to be considered.

PARENT/S: I understand that learning about Christianity is an integral part of the School's curricular program and agree to my child's participation in it. I also understand that all Hebron students attend the School assemblies where Christian worship is part of the regular programme, and attend a Christian church service on Sundays.

I agree to comply with the regulations* of the School, including those relating to the charging of interest on unpaid bills and the assessment of fees for less than the required notice of a student's withdrawal or for the late arrival of a student. I agree to pay amounts due to the School promptly upon presentation of a statement. I understand that failure to pay fees could lead to my child's withdrawal from a school or public exam, the withholding of reports and exclusion from school. I also understand that failure to fill in the pre-admission medical forms accurately could lead to my child's exclusion from school. I enclose Rs.4100/- as application fee, together with a copy of the student's latest school report.

Signed:..... Date:

STUDENT: I agree to abide by the School's rules and policies, and to be diligent in studies and exemplary in conduct.

Signed: Date:

PRINCIPAL: To sign once the student's place has been confirmed:

Signed:..... Date:

* The regulations of the school include the following: School Rules, school prospectus, contents of the Parents' Handbook and Student hand book, fee regulations and those policies which are listed in the twice termly Parents' newsletters or are issued by the School Council or Principal from time to time.

(NOTE: FAXED COPIES OF THIS FORM OR ACCOMPANYING DOCUMENTS ARE NOT ADMISSIBLE)