

Every leader was once a beginner.

This is your
beginning.



APPLICATION FORM

For office use only

Admission status Admitted Registered

Admission Number REG No.

Date of admission: Admission to academic year: -

Class to which admission sought: _____

I- Please fill in capital letters.

Child's Name:

Mother's Name:

Father's Name:

Date of Birth:

Gender: Male Female

Religion: _____ Caste: _____ Sub-caste: _____

Category: GEN SEBC SC ST Others (Please Specify): _____

Nationality: _____

Address: _____

Emergency contact
Numbers(R) _____ (M) _____



II- Parent details

Father

Mother

Surname: _____

First Name: _____

Nationality: _____

Education: _____

Residential Address: _____

Contact Numbers

Home Phone No: _____

Office Phone No: _____

Mobile: _____

E-Mail: _____

Designation: _____

Office Address: _____

Primary Contact person: _____

III- Family details

Student's sibling details

1. Name: _____ Grade: _____ School: _____

2. Name: _____ Grade: _____ School: _____



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MIND OPENERS

IV- If you have anything special to share about your child, please mention here.

(For e.g. Academic, Achievements, Awards, Special talents, Health, Guardianship, etc)

Declaration:

I _____

Parent/Guardian of _____
acknowledge that school rules and policies as well as its fee structure may change from time to time, sometimes due to external factors such as changes in the law, ministry regulations, guidance or market conditions. We are fully aware that the fee once paid is not refundable or transferable under any circumstances. We also agree that school accepts no liability for the services provided and we agree to indemnify the school for the same. Hereby, I certify with my signature that all statements in this document are true.

Date/month/year

Father's Signature

Mother's Signature

Guardian's Signature



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Student's Medical Record

Name: _____

D.O.B: _____ Gender: _____

Weight: _____ Height: _____ Feet _____ Inches

Eyes: _____

Teeth: _____

Ears: _____

General Health: _____

Doctor's Remark: _____

Doctor's Signature: _____

Emergency contact

Numbers(R) _____ (M) _____



Student's Medical Record

Child's Allergy, If any: _____

Allergies to any Particular Medicine: _____

History of the child's Immunization programme:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Kindly attach a copy of the inoculation card or certificate to the medical card.

Any trauma suffered by the child in the past e.g. accidents, major illness, diseases etc.

which need a mention of our record? Please write a brief history _____

(Kindly attach medical certificate or a copy of doctor's diagnosis report for our records.)

Name and phone no. of the family doctor/physician/pediatrician: _____

(Father's Signature)

(Mother's Signature)



FOR OFFICE USE ONLY

Document Check list (Please Tick)	YES	NO
1. Admission form duly filled	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. One passport size photograph each of mother and father	<input type="checkbox"/>	<input type="checkbox"/>
4. 3 passport size and 2 stamp size photograph of child	<input type="checkbox"/>	<input type="checkbox"/>
5. Original transfer certificate/school leaving certificate duly attested (grade 1 and above)	<input type="checkbox"/>	<input type="checkbox"/>
6. Photocopy of original mark sheet of last examination passes (only for the examinee age group)	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical certificate by a certified medical practitioner, Details of allergies and any other chronic ailment	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of Residential/Address Proof Photographs of the parents to be attached to admission form	<input type="checkbox"/>	<input type="checkbox"/>
9. Aadhaar card	<input type="checkbox"/>	<input type="checkbox"/>

Transport (w.e.f): _____

Vehicle Number: _____ Name of driver: _____

Pick-up point: _____ Drop-off point: _____

ADMISSION REQUIREMENTS

• Nursery, KG

1. Birth certificate in Hindi or English
2. Aadhaar Card | 3. Vaccination Report
4. Medical Certificate | 5. Photographs

• Grade1 - Grade 12

1. Transfer Certificate from previous school | 2. Migration Certificate where applicable | 3. History of Vaccination | 4. Medical Certificate
5. Photographs | 6. Aadhaar card.



AFFILIATION NO: IN548



AFFILIATION NO: 430333



A unique program to bring out the leader in your child.



Gems Genesis International School, Near Vaishnodevi Circle,
Sarkhej – Gandhinagar Highway, Ahmedabad- 382421