

Every leader was once a beginner.

This is your
beginning.



GEMS GENESIS
INTERNATIONAL SCHOOL
MIND OPENERS

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: _____

First Name

Middle Name

Last Name

Date of Birth:

Day

Month

Year

Gender: Male ☐ Female ☐

Religion: _____ Caste: _____ Sub-caste: _____

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

Nationality: _____

Address: _____

Aadhar Number: _____

Name Of Previous School: _____

Previous Grade Attended: _____



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II- Parent details in capital letters.

Father

Mother

Surname: _____

First Name: _____

Nationality: _____

Education: _____

Residential Address: _____

Mobile: _____

E-Mail: _____

Designation: _____

Office Address: _____

Emergency contact

Name : _____ Number: _____

III- Family details

Student's sibling details

1. Name: _____ Grade: _____ School: _____

2. Name: _____ Grade: _____ School: _____

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) _____



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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)



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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.

*In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.



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



Understanding Parents

Thank you for your interest in GGIS.

We request you to fill this form with absolute sincerity and honesty.
This form is not to judge the parent or the child but it gives us a sneak peek into the child's life and background which will help us devise the child's learning journey effectively.

Child Name: _____

Mother Name: _____

Father Name: _____



Background



1) Which are the fondest memories of your childhood?

2) One person from your family that you aspired to become like and Why?

3) Were daily chores part of your growing up years? If yes, name a few that you enjoyed doing.
(Childhood chores include cleaning your room, folding clothes, cleaning the spills, taking care of your belongings, doing homework e.t.c)



You and your schooling



4) Who was your favourite teacher in the school and why?

(We want to understand what are the rich qualities of a teacher that stays with the students for lifetime)

5) What did your after school hours look like?

6) If you were to change one aspect of your schooling, which one would that be? Why?



You and your child



7) What is your vision for your child? If you were God, what would your child's life be like?

8) How much time does each parent spend with the child ? What do you do in that time?

Mother: _____

Father: _____

9) The fondest memory of your child that you witnessed as parents?





10) Please mention in detail why you choose GGIS as your child's school.

11) Are there any aspects of GGIS that worry you? If yes, which ones?

12) Being a **Leader in Me School**, we focus a lot on 7 Habits of Highly Effective People. Have you heard about it? If yes, please share your views.

13) At GGIS we believe that one can not be perfect in everything they do, but it is very important to put in efforts to reach the pinnacle, thus **Work-In-Progress** is engraved in GGIS' philosophy. We would love to hear your W-I-P Story . (Story could be of father, mother or child)

Thank You and All the Best!

