Every leader was once a beginner.

# This is your beginning.



#### **APPLICATION FORM**

For office use only  Admission status  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
First Name Middle Name Last Name  Date of Birth: Day Month Year
Gender: Male Female
Religion: Sub-caste:
Category: GEN SEBC SC ST Others (Please Specify):
Nationality:
Address:
Aadhar Number:
Name Of Previous School:
Previous Grade Attended:



### 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: \_\_\_\_\_ School: \_\_\_\_\_



IV- If you have a	anything special to sha	re about your child, ple	ease mention here.
(For e.g. Academic,	Achievements, Awards, Sp	ecial talents, Health, Guard	ianship, etc)
Declaration:			
1			
Parent/Guardian of	f		
to time, sometimes	due to external factors	such as changes in the	re may change from time law, ministry regulations, ce paid is not refundable
the services provid		lemnify the school for th	ol accepts no liability for ne same. Hereby, I certify
Date/month/year	Father's Signature	Mother's Signature	Guardian's Signature



Student's Medical	Record		
Name:			
		der:	
		Feet	
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: 2. \_\_\_\_\_ 4. \_\_\_ 3. \_\_ 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)



FC	R OFFICE USE ON	LY		
Doc	ument Check list (	Please Tick)	YES	NO
1.	Admission form	duly filled		
2.	Copy of Birth Co	ertificate		
3.	One passport si	ze photograph each of mother	and father	
4.	3 passport size	and 2 stamp size photograph o	f child	
5.	Original transfe	certificate/school leaving certi	ficate	
	duly attested (g	rade 1 and above)		
6.	Photocopy of o	iginal mark sheet of last exami	nation	
	passes (only for	the examinee age group)		
7.	Medical certifica	ite by a certified medical practi	itioner,	
	Details of allerg	es and any other chronic ailme	nt	
8.	Copy of Resider	tial/Address Proof Photograph	s of the	
	parents to be at	tached to admission form		
9.	Aadhaar card			
T	and the same			
	•	Name	f alvis saus	
			f driver:	
PICK	t-up point:	Drop-of	f point:	
ADI	MISSION REQUIRE	MENTS		
• N	ursery, KG	1. Birth certificate in Hindi or	English	
		2. Aadhaar Card   3. Vaccinat	ion Report	
		4. Medical Certificate   5. Pho	otographs	
• Gr	ade1 - Grade 12	1.Transfer Certificate from pr where applicable   3. History 5. Photographs   6. Aadhaar	of Vaccination   4. Med	





Excellence in education

AFFILIATION NO: IN548



AFFILIATION NO: 430333





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



# Understanding Parents

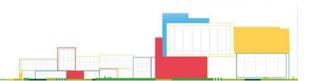
Thank you for your interest in GGIS.

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





#### Child, Education and GGIS

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 <b>Leader in Me School</b> , 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 <b>Work-In-Progress</b> 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!



