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APPLICATION FORM FOR ADMISSION (Boarders ONLY)

Grade Applied for:

Form No.:

A. Student's Information

Full Name of the student (in BLOCK letters):

Full Name of the student (in Devanagari):

Date of Birth: BS
Day Month Year

Gender: Male Female

AD

Age: Years Months

Nationality:

Religion:

Name of the Current School:

Address of the Current School: Current Grade:

Student lives with: Father and Mother Father only Mother only Local Guardians

Marital status of parents: Together Separated Single parent (If one parent is deceased)

B. Student's Health Information

Blood group: Height (cm): Weight (kg):

Please tick if the child is vaccinated against the following:

- DPT BCG Hepatitis - B Measles
 Polio Other _____

Please list any health concerns including allergies, special medication/ diet requirements, physical impairments, eye-sight problem, etc.

C. Mother's Information

Name:

Nationality:

Religion:

Occupation:

Business

Service

Others

Name of the Organization:

Address of the Organization:

Post/Designation:

Work Phone:

Contact Address:

Country:

Province:

Municipality:

Ward No.:

Street:

House No.:

Phone (Res.):

Mobile No.:

Email:

D. Father's Information

Name:

Nationality:

Religion:

Occupation:

Business

Service

Others

Name of the Organization:

Address of the Organization:

Post/Designation:

Work Phone:

Contact Address:

Country:

Province:

Municipality:

Ward No.:

Street:

House No.:

Phone (Res.):

Mobile No.:

Email:

E. Status of Application

New Parent

Existing Parent/Applicant's sibling(s) currently studying at GEMS/GIHE

Alumnus

F. Authorized Local Guardian's Information (Other than parents:)

Name:	Relation:
Nationality:	Religion:
Address:	
Home Phone:	Work Phone:
Mobile No.:	Email:

G. Additional Information

1. Why did you decide to choose GEMS School for your child's education?

2. How did you find out about GEMS School?

- Friends Teachers Relatives School Website Social Media
 Other: _____

H. Further Details of Student

Please complete the following:

Does the child have any other sibling(s)? Yes No

If 'YES',

SN	Name of the Sibling	School	Gender	Grade	Age

1. What does your child enjoy the most in the current school?

- Games & sports Creative & Expressive arts Reading Writing
 Mathematics Social Interaction Music Others

2. What are your child's strengths and areas of interest?

- Games & sports Creative & Expressive arts Reading Writing
 Mathematics Social Interaction Music Others

3. What are your child's most challenging areas?

- Games & sports Creative & Expressive arts Reading Writing
 Mathematics Social Interaction Music Others

4. In what activities does your child use language creatively?

Reciting poems/ rhymes

Telling stories

Communicating with friends

Communicating with teachers

5. Please list 5 things that you would like us to know about your child.

6. Who looks after your child in your absence?

Relatives

Grand Parents

Other _____

7. Does your child require special care/ support in the class? If 'Yes', please explain what kind of special care/ support is needed.

I. Declaration

All the information provided on this application form is correct, complete and true to the best of my/ our knowledge and belief. I/ We understand that any false information will lead to the cancellation of his/her admission.

Mother

Affix the latest P.P. size colour photo

Father

Affix the latest P.P. size colour photo

Name and Signature of Mother

Name and Signature of Father

Date: _____

FOR OFFICIAL USE ONLY

Name: _____ Form No.: _____

Date:

Signature: