



REGISTRATION FORM



GEM INTERNATIONAL SCHOOL

Affiliation No: IN 654

Gem Hills, Nr. Kannur University, Kannur 670 331

Tel : +91 497 - 2784 500, 2784 600

GEM PRIMARY

Kannur •Thalassery • Payyanur

Affix a passport size photograph

Registration number:

Name of the student :

First name

Middle Name

Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Grade applied for:

| | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I | II | III | IV | V | VI | VII | VIII | IX | X | AS | A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Choice of Centre :

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| GEM HILLS | KANNUR | THALASSERY | PAYYANUR |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Gender: Male Female Blood group

Date of birth: Date Month Year

Age as on 1st June 20 Years Months

Place of birth Nationality Passport number
(if any)

Religion Caste

Academic and language information

Previous academic details (starting from the latest)

| Name of the school | Country | Grades/standards | Curriculum | Average score percentage |
|----------------------|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Primary language spoken at home

Other languages spoken by the child

English proficiency beginner intermediate fluent



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Declaration

I parent of have read the school regulations and here by agree to abide by them myself and have my ward abide them.

Name & Signature of the parent

Date

FOR OFFICE USE ONLY

| | | | | | | | | | | | |
|----------------------------|----------------------|---|----------------------|-------|----------------------|----------|----------------------|-----|---|----|---|
| Marks | <input type="text"/> | Points | <input type="text"/> | Score | <input type="text"/> | Result | <input type="text"/> | | | | |
| Principal's Remarks | | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| Admit to Grade : | | | | | | | | | | | |
| I | II | III | IV | V | VI | VII | VIII | IX | X | AS | A |
| | | | | | | | | | | | |
| Registration No. | | | Date | | | Language | | | | | |
| | | | | | | I | II | III | | | |
| | | | | | | | | | | | |
| Signature of the Principal | | | | | | | | | | | |

Note: Transfer Certificate(TC), Birth Certificate/ Valid proof of age, medical records and completed application form as per school rules should be submitted and the required fees to be paid only on confirmation of admission. Other requests, if any, shall also be compiled with the application form.