

Affix scholar's  
photo here

Name of the Scholar \_\_\_\_\_

Grade \_\_\_\_\_

Admission Number \_\_\_\_\_

Facility opted for

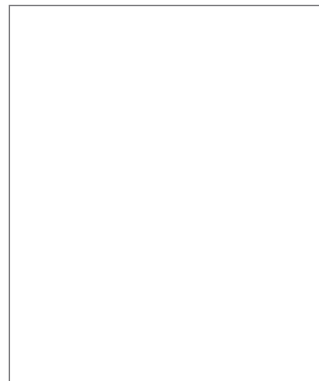
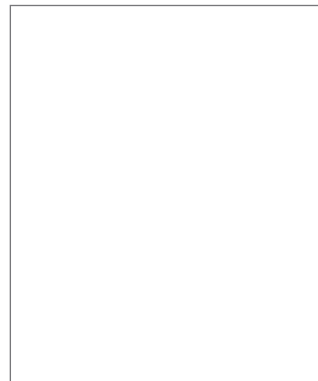
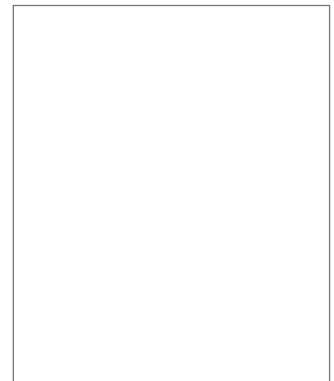
Day

Extended Day

5 Day Residential

7 Day Residential

(The below mentioned people are authorised to escort the scholar to & from the Bus stop/School)

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Date \_\_\_\_\_

Parents' Signature \_\_\_\_\_

Parents' Name \_\_\_\_\_

**For Office Use Only**

Date of receiving the form \_\_\_\_\_

Received by \_\_\_\_\_

Name of the Scholar \_\_\_\_\_

Grade \_\_\_\_\_

Admission Number \_\_\_\_\_

Weight \_\_\_\_\_

Height \_\_\_\_\_

Blood Group \_\_\_\_\_

### Important

We request you to be completely thorough in providing information requested below, to Genesis Global School. Many scholars over the years have had a variety of medical and psychological difficulties which have not, in any way, interfered with their success at Genesis Global School; however, for the scholar's own safety and health, the medical staff must be aware of such problems.

Please check every condition that applies to your ward and provide detailed comments, including date of the condition, medication and current status of the condition. Use additional pages or support the document with medical reports, if necessary.

### Has your ward ever suffered from?

1. Asthma / Wheezing

No  Yes

If yes, please give details \_\_\_\_\_

2. Bleeding Disorder

No  Yes

If yes, please give details \_\_\_\_\_

3. Diabetes

No  Yes

If yes, please give details \_\_\_\_\_

4. Epilepsy / Convulsions

No  Yes

If yes, please give details \_\_\_\_\_

5. Blood Pressure

No  Yes

If yes, please give details \_\_\_\_\_

6. Migraine / Headache

No  Yes

If yes, please give details \_\_\_\_\_

7. Syncope / Fainting

No  Yes

If yes, please give details \_\_\_\_\_

8. Heart Problem

No  Yes

If yes, please give details \_\_\_\_\_

9. Eye Problem

No  Yes

If yes, please give details \_\_\_\_\_

**10. Hearing Problem**

No  Yes

If yes, please give details \_\_\_\_\_

**11. Ankle / Knee / Joint Problem**

No  Yes

If yes, please give details \_\_\_\_\_

**12. Frequent infections of**

**a. Ear**

No  Yes

If yes, please give details \_\_\_\_\_

**b. Throat / Tonsils**

No  Yes

If yes, please give details \_\_\_\_\_

**c. Sinuses**

No  Yes

If yes, please give details \_\_\_\_\_

**13. Does your child have any special / restricted Dietary Needs?**

No  Yes

(Please attach a photocopy of the Diet Chart)

If yes, please give details \_\_\_\_\_

**14. Has your ward been hospitalized within last 3 years?**

No  Yes

If yes, please give details \_\_\_\_\_

**15. Has your ward suffered from Typhoid / Jaundice in last 3 years?**

No  Yes

If yes, please give details \_\_\_\_\_

**16. Has your ward been exposed to Tuberculosis in last 3 years?**

No  Yes

If yes, please give details \_\_\_\_\_

**17. Is your child allergic to:**

**a. Bee sting / Insect Bite**

No  Yes

If yes, please give details \_\_\_\_\_

**b. Any Medicine**

No  Yes

If yes, please give details \_\_\_\_\_

**c. Food Item**

No  Yes

If yes, please give details \_\_\_\_\_

**18. Is your ward taking any medication?**

No  Yes

If yes, please give details \_\_\_\_\_

**19. Can the following medications can be given to your ward, in case of an emergency:**

a. **Paracetamol / Crocin**  No  Yes

If yes, please give details \_\_\_\_\_

b. **Anti- Histamine / Anti-Allergic**  No  Yes

If yes, please give details \_\_\_\_\_

c. **Antacids / Digene**  No  Yes

If yes, please give details \_\_\_\_\_

d. **Non-steroidal anti-inflammatory**  No  Yes

If yes, please give details \_\_\_\_\_

e. **Any injections (only in case of an emergency)**  No  Yes

If yes, please give details \_\_\_\_\_

**20. Does your ward require Glasses or Contact lenses?**  No  Yes

If yes, please give details \_\_\_\_\_

**21. Has your ward been immunised as per the schedule?**  No  Yes

(Please attach a photocopy of the Immunisation Card)

**22. Is your ward taking any medications?**  No  Yes

(Please attach a photocopy of the Doctor's prescription)

**Note**

Any medication carried by a day scholar or scholar in residence must be handed over to the class mentor or House Parent, respectively. Medication will be administered by the School Nurse, as per prescription provided by Parents'.

## Medical Certificate

This is to certify that I \_\_\_\_\_

have examined \_\_\_\_\_

of Grade \_\_\_\_\_ Age \_\_\_\_\_

and found that he/she is not suffering from any chronic/contagious disease or any disability which prevents him/her from attending the swimming classes.

**Doctors' Signature**  
 (Name & Stamp with Regn.No.)

**Date** \_\_\_\_\_

**Note**  
 This certificate has to be signed by Regd. MBBS Doctor.

## For Office Use Only

**Date of receiving the form** \_\_\_\_\_

**Received by** \_\_\_\_\_

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Name of the Scholar \_\_\_\_\_

Grade \_\_\_\_\_

Admission Number \_\_\_\_\_

Facility opted for

Day

Extended Day

5 Day Residential

7 Day Residential

I/We, Mr. / Mrs. \_\_\_\_\_ Parent/Parents' of \_\_\_\_\_  
studying in Grade \_\_\_\_\_ of Genesis Global School, Noida, do hereby give my willing consent for my ward to use the school's swimming pool. I will not hold the School responsible for any accident that may inadvertently occur during the course of such use and swimming activity.

Date \_\_\_\_\_

Parents' Signature \_\_\_\_\_

Parents' Name \_\_\_\_\_

**Note**

You can rest assured that the school will take all safety precautions while conducting swimming classes, including the presence of a qualified swimming coach, lifeguard, security guard and inflated tubes. Swimming activity will be properly supervised. However, swimming can only be permitted on receipt of the signed Consent Form, with an attested Medical Certificate, enclosed herein.

## Medical Certificate

This is to certify that I \_\_\_\_\_

have examined \_\_\_\_\_

of Grade \_\_\_\_\_ Age \_\_\_\_\_

and found that he/she is not suffering from any chronic/contagious disease or any disability which prevents him/her from attending the swimming classes.

**Doctors' Signature**

(Name & Stamp with Regn.No.) \_\_\_\_\_

**Date** \_\_\_\_\_

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Admission Number \_\_\_\_\_

Facility opted for

Day

Extended Day

5 Day Residential

7 Day Residential

Subsequent to my wards admission to Genesis Global School, I \_\_\_\_\_  
request the School, that my child \_\_\_\_\_ of Grade \_\_\_\_\_  
may please be allowed to avail the transport facility being provided by the school at the set rates.

Although, I understand that the school will provide full security and safety, exercising due diligence in carrying out the service, the school shall not be held responsible in case of any mishap. I also understand that the school reserves the right to alter/modify/restructure any route, at any point of time in the interest of children and school, as well.

I agree to abide by all the rules and regulations laid down by the School Authorities.

Name of Parent \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Nos. \_\_\_\_\_

Date \_\_\_\_\_

Parents' Signature \_\_\_\_\_

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Route No. (Pick-Up) \_\_\_\_\_

Bus Fee Paid  No  Yes

Route No. (Drop) \_\_\_\_\_

Facility paid for

Day

Extended Day

5 Day Residential

7 Day Residential

Transport Department Signature \_\_\_\_\_

Account's Department Signature \_\_\_\_\_

Affix scholar's photo here

**Name of the Scholar** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Admission Number** \_\_\_\_\_

**Facility opted for**

- Day
  Extended Day  
 5 Day Residential
  7 Day Residential

**Extended Day**

- Till 3:15pm
  Till 5:45pm

**Transport**

- Yes
  No

**Date** \_\_\_\_\_

**Parents' Signature** \_\_\_\_\_

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**Fee Paid for Transport**

- Yes
  No

**Facility paid for**

- Day
  Extended Day  
 5 Day Residential
  7 Day Residential

**Account's Department Signature** \_\_\_\_\_

### Notes

S.No	Facility	Class	Remarks
1	Day	Pre-Nur Pre-Nur-KG Grade 1-12	School Hours-9:00am to 12:15pm (if not using transport) School Hours-7:45am to 12:15pm School Hours-7:45am to 3:15pm
2	Extended Day	Pre-Nur Nursery to KG Grade 1-12	School Hours-7:45am to 3:15pm School Hours-7:45am to 3:15pm / 5:45pm School Hours-7:45am to 5:45pm
3	5 Day Residential	Grade 1 onwards	Scholars stays in School from Monday to Friday Weekend at home
4	7 Day Residential	Grade 1 onwards	Scholars stays in School through the entire week

Name of the Scholar \_\_\_\_\_

Admission Number \_\_\_\_\_

Grade \_\_\_\_\_

Facility opted for

- |  |  |                                       |                                      |                                      |
|--|--|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Day               | <input type="checkbox"/> Extended Day      | <input type="checkbox"/> Extended Day | <input type="checkbox"/> Till 3:15pm | <input type="checkbox"/> Till 5:45pm |
| <input type="checkbox"/> 5 Day Residential | <input type="checkbox"/> 7 Day Residential |                                       |                                      |                                      |

Transport

- Yes                       No

Address (if yes) \_\_\_\_\_

Telephone Nos. \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Parents' Signature \_\_\_\_\_

### For Office Use Only

Fee Paid for Transport

- Yes                       No

Facility paid for

- |  |  |
|--|--|
| <input type="checkbox"/> Day               | <input type="checkbox"/> Extended Day      |
| <input type="checkbox"/> 5 Day Residential | <input type="checkbox"/> 7 Day Residential |

Account's Department Signature

\_\_\_\_\_

### Notes

S.No	Facility	Class	Remarks
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Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

E-Mail ID \_\_\_\_\_

Mr. & Mrs. \_\_\_\_\_ parent's of \_\_\_\_\_

who is in grade \_\_\_\_\_ has authorised me to be the local guardian for the academic year \_\_\_\_\_ to \_\_\_\_\_

I/We will be responsible for any enquiry, special permissions, any field trips and medical welfare of the scholar as well as the safety and development of \_\_\_\_\_

I/We will also undertake responsibility to accommodate him/her in case of any suspension from Boarding.

Guardian's Name \_\_\_\_\_

Parents' Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Please attach proof of ID i.e, relevant passport page or driving licence, and valid Indian visa and residence permit.

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