



SINCE 1950

# THE GANDHI MEMORIAL INTERNATIONAL SCHOOL JAKARTA

[www.gandhijkt.org](http://www.gandhijkt.org)



ABRSM

ISO  
9001-2008

IWA-2

ISO  
14001-2004

## APPLICATION FOR ADMISSION

NAME : \_\_\_\_\_

GRADE : \_\_\_\_\_

ACADEMIC YEAR : \_\_\_\_\_



Jl. H.B.R. Motik, Blok D6, Kav. 1, Kota Baru, Bandar Kemayoran Jakarta 10630 - Indonesia  
Tel. (62-21) 658 656 67-8-9, Fax. (62-21) 658 656 77, [headmaster@gandhijkt.org](mailto:headmaster@gandhijkt.org)

**GMIS**  
JAKARTA

❖ safe

❖ disciplined

❖ peaceful

❖ diverse



## APPLICATION FOR ADMISSION

The Principal  
The Gandhi Memorial International School Jakarta

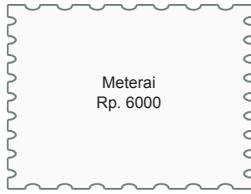
No. \_\_\_\_\_

Date \_\_\_\_\_

Dear Sir,  
We request for the admission of our son / daughter \_\_\_\_\_  
in Grade \_\_\_\_\_ from \_\_\_\_\_  
DD / MM / YY

Please paste  
a recent  
photo of the  
student  
2 x 3

By signing below we certify that we have read, understood and agree to comply with the rules and regulations of GMIS Jakarta.



Father's Signature



Mother's Signature

Student's Signature

### STUDENT PARTICULARS

Name (as in passport) \_\_\_\_\_  
First name Middle name Family name (surname)

Nick name : \_\_\_\_\_ Age : \_\_\_\_\_ Years Months **BOY**  **GIRL**

City of birth : \_\_\_\_\_ Date of birth :        
D D M M Y E A R

Country of birth : \_\_\_\_\_

Nationality of student : \_\_\_\_\_ Religion : \_\_\_\_\_

Name of last school attended : \_\_\_\_\_

Address of last school : \_\_\_\_\_

City : \_\_\_\_\_ Country : \_\_\_\_\_

Class passed : \_\_\_\_\_ Month & year of passing the last class : \_\_\_\_\_

At present stying in Grade : \_\_\_\_\_

e-mail of student : \_\_\_\_\_

Home postal address : \_\_\_\_\_  
In Jakarta

Pin code : \_\_\_\_\_

Home Tel. number : (1) \_\_\_\_\_ (2) \_\_\_\_\_

Permanent postal address : \_\_\_\_\_  
(In home country)

Pin code : \_\_\_\_\_

## FAMILY PARTICULARS

**Father's Name** : \_\_\_\_\_

First page of passport of father is attached :       KITAS/KTP of father is attached :

Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Occupation : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**Name of company** : \_\_\_\_\_

Address of company : \_\_\_\_\_

\_\_\_\_\_ Pin Code : \_\_\_\_\_

e-mail of father : \_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax. No. : \_\_\_\_\_

Please paste  
a recent  
photo of the  
father  
2 x 3

Father's Signature

**Mother's Name** : \_\_\_\_\_

First page of passport of mother is attached :       KITAS/KTP of mother is attached :

Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Occupation : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**Name of company** : \_\_\_\_\_

Address of company : \_\_\_\_\_

\_\_\_\_\_ Pin Code : \_\_\_\_\_

e-mail of mother : \_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax. No. : \_\_\_\_\_

Please paste  
a recent  
photo of the  
mother  
2 x 3

Mother's Signature

**Any sibling studying at GMIS :** Yes  No

1. \_\_\_\_\_ Grade : \_\_\_\_\_ 2. \_\_\_\_\_ Grade : \_\_\_\_\_

3. \_\_\_\_\_ Grade : \_\_\_\_\_ 4. \_\_\_\_\_ Grade : \_\_\_\_\_

## FOR OFFICE USE ONLY

\_\_\_\_\_  
\_\_\_\_\_

### FEE

<b>Enrolment Fee</b>	(payable once only on joining school)	: US\$ 500
<b>Admission Fee</b>	(payable once only on joining school)	: US\$ <input style="width: 50px;" type="text"/>
<b>School Fee</b>	(payable per term of six months)	: US\$ <input style="width: 50px;" type="text"/>
<b>Miscellaneous Fee</b>	(to be paid every school year)	: US\$ 200
<b>Security Deposit</b>	(payable once only and is refunded when student leaves)	: US\$ 200
<b>Registration Fee</b>	(payable only for joining Grade 1 / 6 / 9 / 11)	: US\$ <input style="width: 50px;" type="text"/>

Date of joining : \_\_\_\_\_

## CHECK LIST OF DOCUMENTS SUBMITTED

Dear Parent,

Kindly check (✓) whether the following details are completed and the following documents are attached:

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of student's passport.<br><input type="checkbox"/> Copy of father's passport.<br><input type="checkbox"/> Copy of mother's passport.<br><input type="checkbox"/> Copy of student's KITAS/KIMS.<br><input type="checkbox"/> Copy of father's & mother's KITAS/KIMS/KTP<br><input type="checkbox"/> Copy of student's academic report cards of last three years from previous school(s).<br><input type="checkbox"/> Copy of birth student's certificate.<br><input type="checkbox"/> Original transfer/leaving certificate from previous school.<br><input type="checkbox"/> Health Record. | <input type="checkbox"/> Recent medical fitness report from doctor (original)<br><input type="checkbox"/> Student's photographs - 6 pcs. of 2 x 3 cm colour photographs.<br><input type="checkbox"/> Father's photographs (2) 2 x 3 cm.<br><input type="checkbox"/> Mother's photographs (2) 2 x 3 cm.<br><input type="checkbox"/> Father's signature is done at the three places on the admission form.<br><input type="checkbox"/> Mother's signature is done at the three places on the admission form.<br><input type="checkbox"/> 2 meterai stamps of value Rp. 6000 each. |
|--|---|

**Note:** Your application for admission will be processed after all the above requirements are completed.

Admission office

### SCHEDULE OF FEES

<b>Admission Fee</b> <small>(Payable once only on joining school)</small>	Pre-school (Nursery, KG & Prep.)	US\$ 4000
	Grade 1 - 12	US\$ 7000
<b>School Fee</b> <small>(Payable in advance term wise)</small>	Pre-school	US\$ 2100 /term of six months
	Grades 1 - 5	US\$ 2500 /term of six months
	Grades 6 - 8	US\$ 3000 /term of six months
	Grades 9 & 10	US\$ 3400 /term of six months
	Grades 11 & 12	US\$ 4000 /term of six months
<b>Registration Fee</b> <small>(Payable only on joining Grades 1, 6, 9 and 11)</small>	Grade 1	US\$ 600
	Grade 6	US\$ 700
	Grade 9	US\$ 750
	Grade 11	US\$ 800
<b>Enrollment Fee</b> <small>(Payable once only on joining school)</small>		US\$ 500
<b>Security Deposit Fee</b> <small>(Payable once on joining school and it is refunded when student leaves)</small>		US\$ 200
<b>Miscellaneous Fee</b> <small>(To be paid every school year)</small>		US\$ 200

- \* Please note that the Admission Fee, Enrollment Fee, Tuition Fee, Miscellaneous Fee and Registration Fee paid are not transferable nor refundable.
- \* All fees are charged TERM WISE. Students who leave school before the end of a term are required to pay the full term fee.
- \* Books and uniforms are not included in the school fees.



# FOR THE SUPERVISOR'S OFFICE

No. \_\_\_\_\_

## PARENT TO FILL IN THE DETAILS BELOW

Father's name \_\_\_\_\_ Nationality \_\_\_\_\_

Mother's name \_\_\_\_\_ Nationality \_\_\_\_\_

Father's religion \_\_\_\_\_ Mother's religion \_\_\_\_\_

Father's mobile no. \_\_\_\_\_ Office phone : \_\_\_\_\_

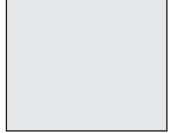
Mother's mobile no. \_\_\_\_\_ Home phone : \_\_\_\_\_

email of father

email of mother

Fax. No. : \_\_\_\_\_

Please paste a recent photo of the student 2 x 3



Signature

## ORIGINAL ADMISSION SLIP ISSUED BY PRINCIPAL'S OFFICE

(Student will be registered in class only when **original** admission slip is submitted)

To: The Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Master / Miss

First name Middle name Family Name

has been admitted in Grade  He/she will join class from

DD / MM / YY

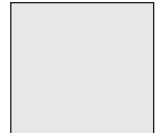
Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Remark : \_\_\_\_\_

Detailed postal address : \_\_\_\_\_  
(In Jakarta)

Telp. : \_\_\_\_\_ Pin code \_\_\_\_\_

Please paste a recent photo of the father 2 x 3



Father's Signature

## PRINCIPAL'S REMARK (S)

\_\_\_\_\_

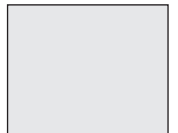
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Principal \_\_\_\_\_

Please paste a recent photo of the mother 2 x 3



Mother's Signature

## FOR THE SUPERVISOR TO ALLOCATE GRADE, SECTION & THE HOUSE

Grade  Section

House :        

KARTINI LINCOLN TAGORE TOLSTOY



### SUPERVISOR'S REMARKS

**ENTRANCE TEST SCORES :**    
Math English

Date : \_\_\_\_\_

**Observations :** \_\_\_\_\_  
\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Student Diary   | <input type="checkbox"/> Time Table  |
| <input type="checkbox"/> I.D. Card (one only)  | <input type="checkbox"/> Book List   |
| <input type="checkbox"/> Escort Card   | <input type="checkbox"/> House <input type="text"/>                                |
| <input type="checkbox"/> Exitus Slip   | <input type="checkbox"/> Grade & Section <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Personal Data form  | <input type="checkbox"/> Library Card  |
| <input type="checkbox"/> _____<br><small>(IGCSE / IB related syllabus past papers / guidelines /CDs)</small> | <input type="checkbox"/> _____   |

**Any special talents ?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any extra support ?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sports & extra curricular activities?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any special medical attention?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature \_\_\_\_\_

# Health History

Date : \_\_\_\_\_

**Dear Parent,**  
**Please complete this form and submit it to the Admission Office**

Name of son/daughter : \_\_\_\_\_ Grade : \_\_\_\_\_

Birth Date : \_\_\_\_\_ Place & country of birth : \_\_\_\_\_

Height : \_\_\_\_\_ Weight : \_\_\_\_\_

Nationality : \_\_\_\_\_ Female  Male

Has your son/daughter ever suffered from any of the following illness :

- ◆ Heart  Yes  No
- ◆ Diabetes  Yes  No
- ◆ Epilepsy  Yes  No
- ◆ Asthma  Yes  No
- ◆ Liver disease  Yes  No
- ◆ Kidney disease  Yes  No
- ◆ Lung disease  Yes  No
- ◆ Heart  Yes  No
- ◆ Surgery  Yes  No (If yes, please give details of surgery) :

.....  
 ◆ Other serious disease  Yes  No

If yes. What kind of serious disease : \_\_\_\_\_

If your child has any serious disease that needs special attention, please attach the certificate from your family doctor.

**My child is allergic to :** (Please write the name of substance that he/she is allergic to and inform the supervisor, class teacher and school's doctor)

- Any Medicine ..... In any emergency who can be contacted :
- Food?..... Name : .....
- Other Things ..... Phone Number : .....

**My child has been vaccinated against :**

No	Name of Vaccination	Date
1	BCG	
2	DPT	
3	POLIO	
4	HEPATITIS B	
5	HEPATITIS A	

No	Name of Vaccination	Date
6	HIB	
7	CHICKENPOX	
8	TYPHOID	
9	MMR	
10	.....	

I hereby declare and confirm that I have filled the correct information as stated above.

.....  
*Parent's full name* *Signature*

Mobile ..... Home Phone .....

**Note :** Please come to school and meet the school Doctor and Supervisor if your child has any specific health / medical issue for which the school has to be well informed.