GENESIS
GLOBAL SCHOOL

School Transport & Declaration Form

Affix scholar's photo here

Name of the Scholar _____

Grade _____

Admission Number _____

Facility opted for

- ☐ Day
- ☐ After School Programme
- ☐ 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 _____

For Office Use Only

Route No. (Pick-Up) _____

Route No. (Drop) _____

Bus Fee Paid ☐ No ☐ Yes

Facility paid for

- ☐ Day
- ☐ After School Programme
- ☐ 5 Day Residential
- ☐ 7 Day Residential

Transport Department Signature _____

Account's Department Signature _____

GENESIS GLOBAL SCHOOL

ID Card / Escort Card Form

Affix scholar's photo here

Name of the Scholar

Grade

Admission Number

Facility opted for

- [ ] Day
- [ ] After School Programme
- [ ] 5 Day Residential
- [ ] 7 Day Residential

(The below mentioned people are authorised to escort the scholar to & from the Bus stop/School)
The escort should be 18+ years old.
All escorts besides the parents must have a photo ID attached along with this form.

Affix Mother's Passport size photo here	Affix Father's Passport size photo here		
Name	Name	Name	Name
Phone No.	Phone No.	Phone No.	Phone No.
Relation	Relation	Relation	Relation

Date

Parents' Signature

Parents' Name

For Office Use Only

Date of receiving the form

Received by

GENESIS GLOBAL SCHOOL

Medical History Form

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 _____

GENESIS GLOBAL SCHOOL

Medical History Form

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 the last 3 years? ☐ No ☐ Yes

If yes, please give details _____

15. Has your ward suffered from Typhoid / Jaundice in the last 3 years? ☐ No ☐ Yes

If yes, please give details _____

16. Has your ward been exposed to Tuberculosis in the 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 _____

GENESIS GLOBAL SCHOOL

Medical History Form

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

a. Paracetamol / Crocin ☐ No ☐ Yes

If no, please give details _____

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

If no, please give details _____

c. Antacids / Digene ☐ No ☐ Yes

If no, please give details _____

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

If no, please give details _____

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

If no, 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.

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 _____

GENESIS GLOBAL SCHOOL

Swimming Consent Form

Affix scholar's photo here

Name of the Scholar _____

Grade _____

Admission Number _____

Facility opted for

- ☐ Day
- ☐ After School Programme
- ☐ 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 _____

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

For Office Use Only

Date of receiving the form _____

Received by _____

GENESIS GLOBAL SCHOOL

Guardian Information Form

(To be filled by Scholars applying for 7 day Residential facility only)

Affix guardian's photo here

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 till further notice

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 _____

Signature _____

Date _____

Parents' Name _____

Signature _____

Date _____

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

For Office Use Only

Date of receiving the form _____

Received by _____