



GMIS
JAKARTA

IB WORLD SCHOOL



THE GANDHI MEMORIAL INTERCONTINENTAL SCHOOL JAKARTA

An IB - World School
(PYP - MYP - IBDP - IBCP)

APPLICATION *for* ADMISSION

Friendship between five continents

NAME OF STUDENT : _____

GRADE : _____

ACADEMIC YEAR : _____

Date of Application :



Cambridge Assessment
International Education



IWA-2

www.gandhijkt.org



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

GMIS
JAKARTA

❖ safe

❖ disciplined

❖ peaceful

❖ diverse

APPLICATION FOR ADMISSION

Date _____

The Principal
The Gandhi Memorial Intercontinental School Jakarta

Dear Sir,

We request for admission of our son / daughter in GMIS, Jakarta in Grade _____

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

We hereby declare that all of the information stated in this application form is true and accurate.

We undertake to inform the school immediately of any change in the particulars relating to our address/phone number, etc.

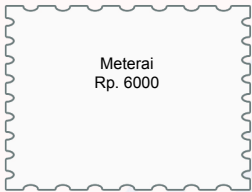
We further undertake :

- 1) to pay our child's school fees before the commencement of the school year.
- 2) to provide 30 days notice before the end of term, for withdrawal of my child.
- 3) to reimburse the school the full cost of any damage or loss of school property caused by our child. (books, equipment, fixtures, musical instruments, etc).
- 4) IB/IGCSE/CIE Check Point/ICT/Board Exam / UN Fees are payable by us as applicable.

Thanking you,

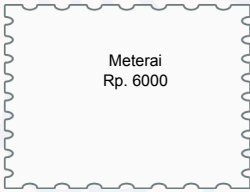
Please paste
a recent
photo of the
student
2 x 3

Student's Signature



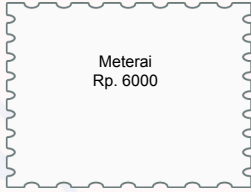
Father's signature

Name



Mother's signature

Name



Guardian's signature (if applicable)

Name

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 : _____ Religion : _____

Copy of birth certificate : ☐

ACADEMIC PARTICULARS

Name of last school attended : _____

Address of last school : _____

City : _____ Country : _____

Class passed : _____ Month & year of passing the last class : _____

At present studying : _____ School leaving certificate (original) has to be submitted ☐

School reports of last three years are attached ☐

Email of student : _____

ADDRESS DETAILS

Home postal address : _____
in Jakarta

Pin code : _____

Home Tel. number : (1) _____ (2) _____

Permanent postal address (In home country) : _____

Pin code : _____

Note : It is important that parents complete all sections of the form. In case of any doubt/questions, please contact Admissions office for any clarification.

FATHER'S PARTICULARS

Father's Name : _____
FIRST NAME SURNAME

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

Nationality : _____ Religion : _____

Occupation : _____ HP / WhatsApp : _____

Name of company : _____ Job Title : _____

Address of company : _____

Pin Code : _____

Email of father : _____

Tel No. : _____ Fax. No. : _____

Please paste
a recent
photo of the
father
2 x 3

Father's Signature

Please paste
a recent
photo of the
mother
2 x 3

Mother's Signature

MOTHER'S PARTICULARS (GUARDIAN'S PARTICULAR) IF ANY

Mother's Name / Guardian : _____
FIRST NAME SURNAME

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

Nationality : _____ Religion : _____

Occupation : _____ HP / WhatsApp : _____

Name of company : _____

Home Address : _____

Pin Code : _____

Email of mother : _____

Please paste
a recent
photo of the
guardian
(if applicable)
2 x 3

Guardian's Signature
(If applicable)

Any sibling studying at GMIS ? Yes ☐* No ☐

1. * _____ Grade : _____ 2. * _____ Grade : _____

3. * _____ Grade : _____ 4. * _____ Grade : _____

FOR OFFICE USE ONLY

FEE

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

Date of joining : _____

Note : Fees are to be paid in Rupiah at prevailing bank rate

Health History (to be filled by parent)

Date : _____

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
- ◆ 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 _____
- Food?_____
- Other things _____

Any emergency who can be contacted :

Name : _____

Phone Number : _____

My child has been vaccinated against :

No	Name of Vaccination	Date
1	BCG <input type="checkbox"/>	
2	DPT <input type="checkbox"/>	
3	POLIO <input type="checkbox"/>	
4	HEPATITIS B <input type="checkbox"/>	
5	HEPATITIS A	

No	Name of Vaccination	Date
6	HIB <input type="checkbox"/>	
7	CHICKENPOX <input type="checkbox"/>	
8	TYPHOID <input type="checkbox"/>	
9	MMR <input type="checkbox"/>	
10	_____	

Parent's signature

LEARNING/BEHAVIOUR ISSUES (Parent to fill)

Does your child have any physical disabilities, learning difficulties or medical issues? ☐ Yes ☐ No

Has your child ever received any form of learning support and/or has your child ever been assessed by an Educational Psychologist or any other specialist concerned with child development? ☐ Yes ☐ No (if 'yes', please provide a copy of the report (s) _____

Has your child has been tested and/or received help in the following areas? ☐ Yes ☐ No (please tick the following areas)

	Tested	Received Help
Speech & language	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

	Tested	Received Help
Reading	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>
Emotional / Behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

The school reserves the right to reassess children after 6 months if a false declaration has been made or other conditions, learning difficulties or medical issues arise.

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.

SCHOOL'S DOCTOR +6221-658 656 89, PYP +6221-658 656 74, MYP +6221-658 656 82, DIPLOMA +6221-658 656 75



FOR THE SUPERVISOR'S OFFICE

PARENT TO FILL IN THE DETAILS BELOW

Father's name _____ Nationality _____
Mother's name _____ Nationality _____
Father's religion _____ Mother's religion _____
Father's HP/WhatsApp _____ Office phone : _____
Mother's HP/WhatsApp _____ Home phone : _____
Email of father _____
Email of mother _____
Fax. No. : _____

Please paste
a recent
photo of the
student
2 x 3

Signature

Please paste
a recent
photo of the
father
2 x 3

Father's Signature

Please paste
a recent
photo of the
mother
2 x 3

Mother's Signature

Please paste
a recent
photo of the
guardian (if any)
2 x 3

Guardian's Signature

ORIGINAL ADMISSION SLIP
(To be 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

Date of Birth _____ has been admitted in Grade _____ He/she will join class from _____
DD / MM / YY DD / MM / YY

Nationality : _____ Boy ☐ Girl ☐ Religion : _____

Remark : _____

Detailed postal address : _____
(In Jakarta)

Telp. : _____ Pin code _____


PRINCIPAL'S REMARK (S)

Date

Principal

FOR THE SUPERVISOR TO ALLOCATE GRADE, SECTION & THE HOUSE

Grade _____ Section _____

House : ☐  KARTINI ☐  LINCOLN ☐  TAGORE ☐  TOLSTOY

PARENT TO FILL

ENGLISH LANGUAGE PROFICIENCY

Is your child’s first laguage English? Yes ☐ No ☐ If no, then what is the mother tongue?

1. Any special talents your son / daughter has :

2. Please list the student’s honors, awards or special achievements (academic and personal) :

3. Describe any limitations, educational difficulties, disabilities etc. :

4. Describe the student’s involvement in sport, extra-curricular, community service :

5. Any special medical attention? ☐ No ☐ Yes (please give complete details)*
*

Parent’s signature

Name and country of last three schools	Year/Grade	From (Month & Year)	To (Month & Year)	Language of instruction

SUPERVISOR’S REMARKS

ENTRANCE
TEST SCORES :
Math English

Date :

Observations :

- ☐ Student Diary
☐ I.D. Card (one only)
☐ Escort Card
☐ Exitus Slip
☐ Personal Data form
☐ Time Table
- ☐ Book List
☐ House
☐ Grade & Section
☐ Library Card
☐
☐

CHECK LIST OF DOCUMENTS SUBMITTED

Dear Parent,

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

- ☐ Copy of student's passport.

☐ Copy of father's passport.

☐ Copy of mother's passport.

☐ Copy of student's KITAS/KIMS.

☐ Copy of father's & mother's KITAS/KIMS/KTP

☐ Copy of student's academic report cards of last three years from previous school(s).

☐ Copy of student's birth certificate.

☐ Original transfer/leaving certificate from previous school.

☐ Immunization Record.
- ☐ Recent medical fitness report from doctor (original)

☐ Student's photographs - 6 pcs. of 2 x 3 cm colour photographs.

☐ Father's photographs (2) 2 x 3 cm.

☐ Mother's photographs (2) 2 x 3 cm.

☐ Father's signature is done at the three places on the admission form.

☐ Mother's signature is done at the three places on the admission form.

☐ Guardian's signature, guardian's authorization letter and copies of ID card/passport.

☐ 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
With effect from January 2018

Admission Fee (Payable once only on joining school)	Pre-school (Nursery, KG & Prep.)	US\$ 4000	
	Grades 1 - 12	US\$ 7000	
School Fee (Payable in advance term wise)	Pre-school	US\$ 2310 /term of six months	US\$ 4620 /year
	Grades 1 - 5	US\$ 2750 /term of six months	US\$ 5500 /year
	Grades 6 - 8	US\$ 3300 /term of six months	US\$ 6600 /year
	Grades 9 & 10	US\$ 3740 /term of six months	US\$ 7480 /year
	Grades 11 & 12	US\$ 4400 /term of six months	US\$ 8800 /year
	Grade 1	US\$ 600	
	Grade 6	US\$ 700	
	Grade 9	US\$ 750	
	Grade 11	US\$ 800	
Enrollment Fee (Payable once only on joining school)		US\$ 500	
Security Deposit Fee (Payable once on joining school and it is refunded when student leaves)		US\$ 200	
Miscellaneous Fee (To be paid every school year)	US\$ 200 / Academic year	US\$ 300 / academic year with effect from July 2018	

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

FEE PAYABLE IN RUPIAH AT PREVAILING BANK RATE

FEES PAYMENT DETAILS

I will pay the fees :

Payment of Fees ☐ Termly / ☐ Annually

Payment by ☐ Parents
☐ Employer

Invoice to be sent to

- ☐ Home
- ☐ Employer
- ☐

Company / Home Address

Parent's signature

HOW DID YOU LEARN ABOUT GMIS JAKARTA?

- ☐ Brochure, flyer, handout
- ☐ Outdoor sign
- ☐ Friend
- ☐ Advertisement:
- ☐ Other:
- ☐ Internet
- ☐ Relative
- ☐ Walk-in
- ☐ Newspaper:

PLEASE CHECK

Agree

- ☐ I allow my child's photographs/video recording taken and/or names published to be used for GMIS Yearbook & Post. I understand that the photos and the names may be used for display, publication, video, websites or by other media.
- ☐ I allow my child to participate in all athletic events and other activities at GMIS Jakarta with the understanding that the parent/guardian is responsible for any medical costs incurred in the event of an injury.

Parent's signature :



THE GANDHI MEMORIAL INTERCONTINENTAL SCHOOL JAKARTA

Jl. H.B.R. Motik, Kota Baru Bandar Kemayoran, Blok D6 Kav. No. 1, Jakarta 10630 - Indonesia

safe . disciplined . peaceful . diverse

Small class sizes - Co-educational for ages 3 to 18



A Tradition of Excellence

www.gandhijkt.org