

Application for Admission

I. Admission Procedure

The following are required:

- Completed application form
- Meeting with parents or guardian
- Three Photographs
- Copy of Birth Certificate and copy of Aadhar
- Payment for the upcoming/current quarter

+CGIA does not discriminate on the basis of race, color, religion, national or ethnic origin.

II. Student Information

Name of Student: _____ Age _____

Birth date ____ / ____ / ____ Gender ☐ Male ☐ Female

Applying for ☐ AM Nursery (9:30-1:00) ☐ AM Play Group (9:30-1:00)

☐ AM LKG (9:30-1:00) ☐ UKG ☐ 1stStd ☐ 2ndStd ☐ 3rdStd ☐ 4thStd

☐ 5thStd ☐ 6thStd ☐ 7thStd

III. Siblings currently enrolled with CGIA

S. No	Name of Student	Studying in class

Address _____

Town/City _____ Pin Code _____

E-Mail Address _____@_____

Father's Name _____ Mother's Name _____

Father's Mobile _____ Mother's Mobile _____

Father's Occupation _____ Mother's Occupation _____

Religion _____

I was referred to CGIA by _____

Requested date for enrollment _____

IV. What is your reason for applying to CGIA? _____

V. Transfer Student Information

Please indicate the school your child is transferring from.

School Name _____ Syllabus: _____

Address _____

Town/City _____ State _____ Pin _____

Has the student ever been dismissed or suspended from any school? If so, please explain. _____

VI. School Fees Payments:

Payments are collected term-wise in May, August and December.

VII. Academic & Medical Information:

Please specify if your child is studying in a grade level apt to his age: _____

If you answered "no", please indicate the reasons below:

Do you have any concerns about your child's progress, development or behavior? _____ If you answered "yes", please indicate the reasons below:

Has your child ever had an IEP (Individual Education Plan) at school or been evaluated or diagnosed by a doctor or psychologist? _____. If you answered "yes", please indicate the reasons or findings below:

Please note any issues of concern below:

Academic/Habitual: _____

Behavioral issues (such as ADHD, self-esteem issues, lack of motivation, depression, anxiety, inability to handle stress etc.): _____

Health Related Issues (such as Dyslexia, Dysgraphia, Autism, Hypothyroidism, Meningitis etc.): _____

Has your child ever received medical support or therapies for developmental delays such as (Speech Therapy, Cognitive Skills, Motor Skills, Developmental Delay Disorder etc): _____

Child's Doctor: _____ Telephone: _____

CGIA is equipped to come alongside children with special needs and challenges and we long to support their families as well. If not otherwise specified above, please indicate any special physical, emotional, social, medical, or allergic factors, which would have a bearing on your child's performance: _____

VIII. References

List the name of one individual who can speak as a reference for your family:

Name _____ Telephone _____

Child's Grandparents:

Name _____

Address _____

Town/City _____ State _____ Pin _____

Name _____

Address _____

Town/City _____ State _____ Pin _____

IX. Place checkmarks acknowledging each of the following statements:

- ☐ I have read and understand the Common Grounds International Academy Mission Statement. (Will be provided with the admission pack)
- ☐ In applying for admission, I express my desire to have my child(ren) receive an education in harmony with the Mission Statement.
- ☐ I will encourage my child emotionally, academically, and spiritually in all phases of student life
- ☐ I will do my best to attend meetings and all school functions.

- ☐ I release CGIA to use, on occasion, my child(ren)'s photographs in school publications or release such pictures as well as name and school to the media (e.g. local newspaper).
- ☐ If my child voluntarily withdraws or is requested to withdraw by the school, it is understood that no refund of the Maintenance Support Fee (MSF) or school fees will be made.

Signed _____ Date ____/____/____

Office Use Only

Parent meeting held _____ Admission Form completed (date) _____

Date Tested (UKG & 1st or other as needed) _____ Tested by _____

Upcoming term fees paid _____