



* I hereby acknowledge that I have read all the terms and conditions mentioned in the GMIS Admissions Procedure and fully accept them by signing the form below.

ACKNOWLEDGEMENT BY PARENT/ GUARDIAN:

.....

Name of Parent/ Guardian

Student's Name: Class:

Signature: Date:

ACKNOWLEDGEMENT BY SCHOOL:

.....

Name of Advisor:

Signature: Date:

For Official Use:

School Stamp



APPLICATION FORM

STUDENT ID

--	--	--	--	--	--	--	--	--	--

GRADE: _____

DATE OF ADMISSION: _____

LEARNING PATHWAYS (PLEASE ✓ ONE)

- VERMEER LEARNER (MAINSTREAM)
- REMBRANDT LEARNER (Inclusive Support)
- PIET MONDRAIN LEARNER (Intensive Support)

ACADEMIC YEAR OF ENTRY (PLEASE ✓ ONE)

- 2024-2025
- 2025-2026

TERM OF ENTRY (PLEASE ✓ ONE)

- TRIO 1
- TRIO 2
- TRIO 3

STUDENT PROFILE

FULL NAME: _____ *PLEASE UNDERLINE THE FAMILY NAME*

At Gifted Minds International School, students often have a name that they prefer to be called in class by their teachers. Also some have a family name that is different from that on their passports. These alternative names are the ones that teachers recognise and call the student by and are used in lists and reports. They are also the names that make up the student's email address which is used across many systems as their unique username. For administrative reasons this does not change once they are enrolled and we would like you to give some careful thought now about what you want them to be called by their teacher, and if you want them to use a different family name (surname). Please indicate these in the spaces below (even if they are the same as on the passport) as it will help avoid confusion if we cannot identify the family and given names from the passport.

--

Preferred Name

--

Preferred Family Name

GENDER: Male Female

DOB: _____

PLACE OF BIRTH: _____

NATIONALITY: _____ **PASSPORT COUNTRY:** _____ **PASSPORT NO.:** _____

Address at Netherlands during term time (if known at the time of application, otherwise leave blank)

_____ **POSTAL CODE:** _____

LIVING WITH (During Term Time)

PARENTS

GUARDIAN

HOSTEL

CURRENT PASS HOLDER YES NO

BSN No. _____ **EXPIRY DATE:** _____

INSURANCE NO.: _____



ACADEMIC INFORMATION

PREVIOUS SCHOOL BACKGROUND <i>(most recent at top)</i>		YEAR/ GRADE	DATES ATTENDED (from/to)	PREVIOUS STUDYING HISTORY OF THE ENGLISH LANGUAGE		CURRICULUM (eg. British, IBPYP, etc)
NAME OF SCHOOL	COUNTRY				WITH EXTRA SUPPORT	
				EXPERIENCE STUDYING IN ENGLISH LANGUAGE	<input type="radio"/> YES <input type="radio"/> NO	
				WITH EXTRA SUPPORT	<input type="radio"/> YES <input type="radio"/> NO	
				MEDIUM OF INSTRUCTION	<input type="radio"/> YES <input type="radio"/> NO	

**If not English, please submit details to Admissions Department of how and where English has been learnt.*

ADDITIONAL ACADEMIC INFORMATION

Please answer ALL questions. Has your child ever:

Been advanced a year/grade or been retained?

Received help in English as an Additional Language?

Experienced Speech and Language Therapy

Been evaluated for a learning need/challenge? [OBJ]

Been the subject of a specialist report/intervention/assessment? [OBJ]

Received extra help/tuition during the school day?

Experienced social, emotional or behavioural difficulties?

Please provide a copy of any reports/assessments with your application

If yes to any of these questions, please give more detail.

NO YES _____

NO YES _____

NO YES _____

NO YES _____

NO YES _____

NO YES _____

NO YES _____

LANGUAGE INFORMATION

Is English your child's first language? YES NO

Other languages spoken at home *(in order of proficiency)* _____



SIBLING INFORMATION

NAME	SCHOOL ATTENDING	DATE OF BIRTH

CONTACT INFORMATION

The school must be notified of changes to these details as we must be able to contact you in case of an emergency. If there are additional contacts please inform Admissions Department after enrolment.

Please list in order of priority (*Contact 1 will be the emergency contact*)

CONTACT 1 – Mother/Guardian’s Particulars

Contact Name (*as shown in passport*) _____ *Please underline your family name*

Relationship to the student _____ GENDER MALE FEMALE TITLE Mr Mrs Ms

Email _____ TYPE Work Personal

Netherlands Mobile _____ Other Telephone _____ (tick one only)
 Mobile Landline

Residential Address (*if known at the time of application, otherwise leave*)

COUNTRY _____ POSTCODE _____ tick if this is student’s term time address

Is this contact a fluent English Speaker? Yes No If no, state the native language _____

Does this contact need a translator? Yes No

CONTACT 2 – Father/Guardian’s Particulars

Contact Name (*as shown in passport*) _____ *Please underline your family name*

Relationship to the student _____ GENDER MALE FEMALE TITLE Mr Mrs Ms

Email _____ TYPE Work Personal

Netherlands Mobile _____ Other Telephone _____ (tick one only)
 Mobile Landline



Residential Address (*if known at the time of application, otherwise leave*)

COUNTRY _____ POSTCODE _____ tick if this is student's term time address

Is this contact a fluent English Speaker? Yes No If no, state the native language _____

Does this contact need a translator? Yes No

COMPANY CONTACT DETAILS

(If company is paying for the tuition fees. Please fill the following data)

Name of the Company: _____

Contact

(If company is paying for the tuition fees. Please fill the following data)

Name of the Company: _____ Contact

Name *Human Resource Personnel*)

Email: _____

Contact Detail: _____ Other Telephone: _____ Mobile Landline

Are the parents living together? Yes No

Is there anything important that we need to know about family relationships or legal/custody arrangements?

WELLBEING

HEALTH HISTORY

Please provide details if your child suffers from any of the following:

- Asthma Epilepsy Diabetes Hearing/Vision Deficit

You may be contacted by our School Nurse or the Home Room Tutor if there are any specific requirements which need to be discussed, such as access to medication during the school day. If your child is unwell, please keep your child at home. The school reserves the right to send a sick child home by contacting the parents/ guardians to do so, in order to prevent the spread of infectious diseases. In the best interest and protection of children in the school, we have a strict policy of only accepting children whom are vaccinated. (Documents need to be produced.)



IMMUNISATION & VACCINATION HISTORY

You are required to submit a copy of your child's immunization history/vaccination record together with this form.

ALLERGIES

Please list all triggers and reactions: _____

Does your child require any other medication for their allergies? (*please list*) _____

MEDICATION

Is your child on any regular medication? Yes No

If Yes, please list the medication, dose and reason: _____

OTHER INFORMATION

HOW DID YOU HEAR ABOUT US?

Education Fair Internet Search Online Ad Advertising Recommended by a friend

Magazine Staff Referral Agent Referral Relocation Company/HR

Please elaborate, if possible: _____



WHY GIFTED MINDS INTERNATIONAL SCHOOL?

Have you applied for a place in another international school in Netherlands? Yes No (if Yes, which School/s)

What is the likely duration of your stay in Netherlands? _____

CONTACT PERSON AT MOST RECENT SCHOOL ATTENDED

We may need to contact the child's most recent school for reference:

Please indicate whether the current school is aware of this possible move: Yes No

Name: _____ Position: _____ Telephone: _____

School Name: _____ Email: _____

The School reserves the right, and the parent hereby authorizes the School, to contact the previous school, or such medical officers or other relevant persons, any for further information required relating to the child in consideration of this application.

APPLICATION REQUIREMENTS

Please be aware that an application will not be processed for admission until the school has received all documents.

DOCUMENTS TO SUBMIT (Please remember to include the following)

- A completed application form
- Previous School Reports
- Vaccination/Immunization History
- Copy of Passports
- Learning Support Assessments
- Copy of the Passports of the applicant
- Copy of valid resident permit
- Copy of academic records for the previous school years (in English)
- Passport size photo of the student
- Payment of € 450 registration fee and proof of transfer

CONSENT AGREEMENTS

MEDICAL ATTENTION

I consent for the School to provide first aid or treatment to my child/ward in case of medical emergency. If I cannot be contacted I authorize the School to act on my behalf to arrange medical or surgical treatment as may be deemed necessary. I also undertake to pay any medical costs which may be incurred, including ambulance transport and medication. I will not hold the school liable for any accident resulting from any erroneous / withheld medical information on this form and/or any other information submitted. I will keep the school informed if my child/ward develops any medical condition. I consent for the school medical staff to administer:

Paracetamol: Yes No

Does your child suffer from any of the following?

- Asthma
- Diabetics
- Hearing
- Impairment
- Visual Impairment
- Special Dietary Requirements
- Allergies
- Other Information: _____

LEARNING SUPPORT

Has your child received help in the following areas? Please enclose copies of all reports.

- Speech & Language Therapy
- Emotional / Behavioural
- Learning Disability • Other:
- ADD / ADHD

Additional information:

Failure to inform us of any known condition at this stage may result in the school with drawing any offer of a place at the school.

Documentation enclosed: Yes No

COUNSELLING

In the event that my child/ward requires counselling as deemed necessary by the School Counsellor, Head of School or Principal, I hereby give my consent.

I understand that the School Counsellor will inform my child/ward at or before the time the counselling relationship is entered into, the limits of confidentiality such as the possible necessity for consulting with other professionals, privileged communication, and authoritative restraints. I also understand that the School will keep information confidential within the safeguarding team unless disclosure is required to prevent clear and imminent danger to my child/ward, or others, or when legal requirements demand that confidential information be revealed.

HEALTH & SAFETY IN AND OUT OF SCHOOL

I understand that in the regular course of on-site and off-site education organized by Gifted Minds International School International School (Netherlands) my child/ward will be involved in a variety of sports and activities. I acknowledge that during

these activities, my child/ward may be exposed to unforeseen circumstances and occurrences, including but not limited to, illnesses, accidents, weather conditions, and other unusual events and situations. Gifted Minds International School International School (Netherlands) Staff will follow agreed protocols and procedures to ensure the safety of all children during these classes, sports and activities. However, during such activities, accidents may happen. I agree that the school or any teachers or officials or voluntary helpers of the school, shall not be liable in respect of bodily injury to my child/ward unless the injury is caused by or resulting from negligence of any employee, teacher or other person or persons authorized to act for or on behalf of the School.

PHOTOGRAPHY RELEASE

I grant do not grant permission to Gifted Minds International School staff, to take and use photographs and/ or digital images of my child in news releases and/ or educational materials as follows: printed publications or materials, electronic publications, Social media or Web sites. My child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions, and recordings shall be the property of Gifted Minds International School.

DECLARATIONS

PERSONAL DATA PROTECTION ACT, CONFIDENTIALITY & SECURITY POLICY

I understand that the School holds information about my child including, but not limited to, exam results, forecast results, parent contact, financial information and details of medical conditions. I understand that the School processes information about my child in order to safeguard and promote the welfare of my child, promote the objects and interests of Gifted Minds International School and the efficient operation of the School, and ensure that all relevant legal obligations of the School are complied with. By signing this form, I, the parent/guardian, on behalf of my child/ward, authorize the School to process personal information including financial and sensitive personal information, as is deemed necessary for the legitimate purposes of the School.

FINANCIAL STANDING, REFUND & WITHDRAWAL

I confirm that all fees owed to previous schools have been paid in full and that I am not in dispute over fee payment with any school. I hereby authorize Gifted Minds International School (Netherlands) to confirm good financial standing with previous schools listed on this form. The most up-to- date Refund Policy and Withdrawal Policy can be found on the School's website.

SAFEGUARDING

Gifted Minds International School is committed to providing a safe environment for all members of our community. Safeguarding and promoting the welfare of our learners is paramount to us. Gifted Minds International School reserves the right to contact the learner's previous school and ask them to provide details of any safeguarding or welfare concerns we should be aware of.

CRIMINAL RECORD DISCLOSURE

If any of the contacts listed in this form have ever been convicted in a Court of Law in any country, are currently involved in any ongoing legal proceedings, or have ever been detained by the police or any other government law enforcement agency, please disclose this now: Yes No

If you ticked yes the school will contact you for further information. All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance.

FOOD CONSUMPTION IN SCHOOL (Simple snacks are served during break time.)

- **Would you like your child to consume snacks served by the school? (please circle one):** Yes No
- **Is your child vegetarian?** Yes No

Does your child have any food allergy? No Yes (if yes): _____



DECLARATION

BY

PARENT/GUARDIAN

I have read, understood and agree to the above admission requirements, all sections of this form, and permission declarations contained herein. I understand that this form is part of the documentation required for admission to Gifted Minds International School International School (Netherlands). All documents required to be submitted with this application are attached. For required documents not attached, I/we undertake to furnish such documents by the date specified by the School, failing which the admission may be subject to cancellation. This form must be completed and signed before the student can be considered for admission to the school.

I, the parent/guardian, confirm that all the information set out in this application is true and accurate at the time of completion. The school reserves the right to vary or reverse any decision regarding the student’s admission or enrolment made on the basis of incomplete, untrue or inaccurate information. I/we have read and will abide by the Gifted Minds International School (GMIS) Standard Terms and Conditions.

Signature of both parents (if possible) or guardian (s):

Name of Mother/Guardian (*please delete as appropriate*) *Signature* *DATE*

Name of Father/Guardian (*please delete as appropriate*) *Signature* *DATE*

