



Initial Application - Diploma Programme

Applicant (student) Information (Please complete the form in English) *Required	
First Name *	
Middle Name	
Surname / Family Name *	
Gender *	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth <i>Example: January 7, 2019</i>	

Intended Entry School Year *	
<input type="checkbox"/> 2020 - 2021 Academic Year <input type="checkbox"/> 2021 - 2022 Academic Year <input type="checkbox"/> 2022 - 2023 Academic Year	
Has the student ever applied to a Brookes Schools before? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in * <i>Check all that apply.</i>	<input type="checkbox"/> Day Student <input type="checkbox"/> Boarding Student

Citizenship(s) and Language	
Citizenship 1 *	
Citizenship 2	
Religion *	
Primary Language Spoken at Home *	
Second Language	
Student's English Language Proficiency	
<input type="checkbox"/> Proficient / Fluent <input type="checkbox"/> Upper Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner / Limited	

Student's Current Home Address			
Street Address 1 *			
Street Address 2			
City *			
State/Province/Region			
Country *		Zip/Postal Code	

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First Parent/Guardian Information	
Relationship to Applicant *	
Mark only one	
<input type="checkbox"/> Father	<input type="checkbox"/> Mother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Sister	<input type="checkbox"/> Brother
<input type="checkbox"/> Other Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Consultant / Recruiter	
Gender *	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name *	
Surname / Family Name *	
First Parent/Guardian Citizenship(s)	
Citizenship 1 *	
Citizenship 2	

First Parent/Guardian Current Home Address	
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
If different from student address	
Street Address 1 *	
Street Address 2	
City *	
State/Province/Region	
Country *	
Zip/Postal Code	
Cell Phone including International Code *	<input type="text" value="+"/> <input type="text"/>
Primary Email *	

Continued on the following page

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Second Parent/Guardian Information (This information is optional at present, but may be required later)	
Relationship to Applicant	
Mark only one	
<input type="checkbox"/> Father	<input type="checkbox"/> Mother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Sister	<input type="checkbox"/> Brother
<input type="checkbox"/> Other Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Consultant / Recruiter	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name	
Surname / Family Name	
Second Parent/Guardian Citizenship(s)	
Citizenship 1	
Citizenship 2	

Second Parent/Guardian Current Home Address (This information is optional at present, but may be required later)	
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
If different from student address	
Street Address 1	
Street Address 2	
City	
State/Province/Region	
Country	
Zip/Postal Code	
Cell Phone including International Code	<input type="text" value="+"/> <input type="text"/>
Primary Email	

Continued on the following page



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Educational History

Educational History is required for the two years previous to the enrolment year of the applicant. Following submission of this application, you will be required to initially provide scanned copies of official transcripts and or reports issued by the schools attended in the previous two years.

Current School *			
School Address *			
Country *			
Grades attended *			
Additional previous school if within the last two years			
Grades attended			
Has the applicant ever been advanced a grade before? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant ever repeated a grade before? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever received a psychological-education assessment? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant ever received learning assistance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been designated "Special Needs"? (i.e. gifted, LD, ADHD, etc) *	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Submission of application

How did you hear about GPS Brookes Kochi? * Mark only one oval.

- Website
 Facebook
 Google search
 Personal Reference
 Other: _____

Consent

I/We hereby consent that this application has been completed accurately and honestly. This information is to assist the school authority in making an informed decision as to applicant suitability and appropriate placement in the school.

First name *	
Last name *	
Signature *	
Date *	
I have completed this application with complete honesty.	<input type="checkbox"/> Yes <input type="checkbox"/> No

An eVersion of this document is available at <https://forms.gle/AmPmdu43htCF6ZEQ9>



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