

### ADMISSION FORM

**SCHOOL ADDRESS: Calorx Olive International School**  
Beside Ahmedabad Dental College, Nr. Arjun Farm, Ranchhodpura-Bhadaj Road, Ranchhodpura, Ahmedabad.  
Ph: 02764 260 359 / 246 | Mob.: +91 90 999 33 804  
URL: www.ogis.edu.in / www.calorxglobal.org

Grade in which admission is sought ..... Academic Year .....  
Student's full name (In Block Letters) .....

.....  
First Name Middle Name Last Name

Date of birth (dd/mm/yy) ..... Gender  Male  Female  
Place of Birth ..... Nationality ..... Religion .....

Father's Name ..... Mother's Name .....  
Nationality ..... Nationality .....  
Profession / occupation ..... Profession / occupation .....  
Designation ..... Designation .....  
Name of Organisation ..... Name of Organisation .....  
Mobile ..... Mobile .....  
E-mail address ..... E-mail address .....  
Home Address .....

Home phone number .....  
Name of the school last attended .....  
Board followed by last school .....  
Class in which student is studying at present .....  
Extra-curricular interests .....  
Is the student prone to any sickness/allergy? .....  
Blood group .....  
List Outstanding Academic/Non-academic achievements by student .....

- List of Documents Required:**
- 1. A Photo copy of the Birth Certificate
  - 2. Last Academic Report issued by previous school(s)
  - 3. Copy of Competition/Prize/Award Certificate(s), if any

.....  
**Signature of Parent / Guardian**

**For office use**  
Registration No .....  
Student to be assessed for Grade .....  
Assessment report .....  
Coordinator's Remarks .....  
Principal's Remarks .....

.....  
**Signature of Principal**

For Information Contact - 02764 260 359 / 246 | Mob.: +91 90 999 33 804  
URL: www.ogis.edu.in / www.calorxglobal.org | Email: info@ogis.co.in

**CONSENT LETTER**

School Address: Calorx Olive international School

Beside Ahmedabad Dental College, Nr. Arjun Farm, Ranchodpura-Bhadaj Road, Ranchodpura, Ahmedabad.

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URL: [www.ogis.edu.in/www.calorxglobal.org](http://www.ogis.edu.in/www.calorxglobal.org)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

My son/daughter has taken admission at Calorx Olive International School, Ahmedabad. I had paid the fees for the same.

If I get my ward's admission cancelled then the fees will not be refunded.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's /Guardian Sign



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Ranchhodpura – Bhadaj Road, Ranchhodpura, Ahmedabad.  
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ID Card Form - Student

Dear Parent,

Please fill the required details in **CAPITAL** letters and return back to  
Administrative Department.

FULL NAME: - \_\_\_\_\_

ADDRESS: - \_\_\_\_\_

\_\_\_\_\_

GRADE: - \_\_\_\_\_

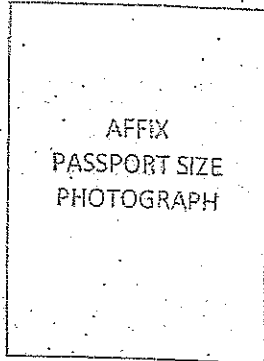
DATE OF BIRTH: - \_\_\_\_\_

BLOOD GROUP: - \_\_\_\_\_

PHONE NO. :- (M) \_\_\_\_\_

(R) \_\_\_\_\_

PARENTS SIGNATURE: - \_\_\_\_\_



NOTE: - ELECTRONIC COPY DOES NOT REQUIRE SIGNATURE



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**HEALTH CARD**

1. Name of the Child: \_\_\_\_\_  
 2. Grade: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_  
 4. Father's Name: \_\_\_\_\_  
 5. Address: \_\_\_\_\_

6. Telephone No.: (R) \_\_\_\_\_ (M) \_\_\_\_\_

7. Emergency Telephone No.: \_\_\_\_\_

8. Weight in kg: \_\_\_\_\_

9. Immunisation History:

- |                  |                           |                          |                     |                           |                          |
|------------------|---------------------------|--------------------------|---------------------|---------------------------|--------------------------|
| (a) BCG:         | <input type="radio"/> YES | <input type="radio"/> NO | (b) DPT:            | <input type="radio"/> YES | <input type="radio"/> NO |
| (c) Oral Polio:  | <input type="radio"/> YES | <input type="radio"/> NO | (d) DT:             | <input type="radio"/> YES | <input type="radio"/> NO |
| (e) Measles/MMR: | <input type="radio"/> YES | <input type="radio"/> NO | (f) Tetanus Booster | <input type="radio"/> YES | <input type="radio"/> NO |
| (g) Typhoid:     | <input type="radio"/> YES | <input type="radio"/> NO | (7-16 years):       |                           |                          |
| (h) Cholera:     | <input type="radio"/> YES | <input type="radio"/> NO | (i) Meningitis:     | <input type="radio"/> YES | <input type="radio"/> NO |

10. • Vaccines No. (a) to (f) are compulsory.  
 • No. (g) and (h) are optional, but recommended to be given once a year.  
 • No. (i) is optional, but recommended.\*

11. Precaution

- (a) Food: \_\_\_\_\_  
 (b) Other: \_\_\_\_\_

12. History of Past illness

- (a) Specific diseases suffered: \_\_\_\_\_  
 (b) Operation undergone, if any, specify: \_\_\_\_\_  
 (c) Allergies, if any, specify: \_\_\_\_\_  
 (d) Drugs allergic to, if any, specify: \_\_\_\_\_  
 (e) Any other diseases for which the child is on regular medication: \_\_\_\_\_

13. Blood Group:

14. If you follow an alternative medicinal therapy please give details below

- Ayurveda: \_\_\_\_\_  
 Homeopathy: \_\_\_\_\_  
 Any Other: \_\_\_\_\_



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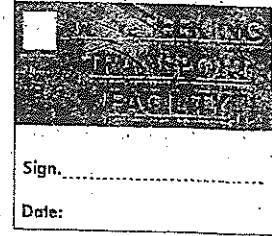
**APPLICATION FORM FOR TRANSPORTATION**

**To Be filled by office**



Admission Number: .....

Admission to Class: .....



1. Student's name in full (Block Letters): .....
2. Father's name in full (Block Letters): .....
3. Mother's name in full (Block Letters): .....
4. Residential Address: .....
5. Telephone No. (R): ..... (M) .....
6. Route Number (Preferred): ..... 7. Pick Up / Drop point (Preferred): .....

**Instructions**

- A. The address provided above shall remain valid for at least six months.
- B. Any application for change in the residential address should be submitted one month in advance to the transport in charge. Subsequently, transport will be provided subject to availability of seats on that particular route / areas in which the school bus is plying. If you need any help of difficulty please contact Transport In-charge.
- C. No temporary changes or adjustment in school transport will be entertained.
- D. The pick up point and dropping point of your ward will be decided by the school & request for extension or change in route will not be accepted.
- E. This form must be duly filled in and submitted at the school on the stipulated date. The school shall not be responsible for providing transport if this form is not received on time.

Date: .....

Signature of Parent / Guardian .....

**To be filled in by Transport Department**

Alloted Route No: .....

Bus Stop: .....

Date: .....

Signature of Transport In-charge .....

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Payment can be made either in Cheque or in Cash.

Cheque Should Be issued in favour of :

" CALORX OLIVE INTERNATIONAL SCHOOL "

Bank Details for Online Payment.

Name Of A/C : Calorx Olive International School

Bank Name : Axis Bank Limited

Branch : Relief Road, Ahmedabad - 380 001.

Account Number 914010026804115

IFSC CODE UTIB0000453

e-mail : accounts@cois.edu.in

assistantaccounts@cois.edu.in

Note :

1. If you online then send your online transaction details with Student Name and Grade.

2. For Any Further Query Pls Contact - Mr. Suresh Patel at : 95868 28512.