

## CONSENT UNDER DATA PROTECTION – PHOTOGRAPHS / VIDEOS TAKEN IN THOMAS GALL SCHOOL

I **consent / do not consent (please delete appropriately)** to my son/daughter being photographed / videotaped whilst attending Thomas Gall School.

I understand that photographs and videos are taken for use by Thomas Gall School in appropriate circumstances. Photographs and videos are often taken of class project work, specialist subjects, concerts and musical performances, sports activities and class trips and these could be displayed within the school for the children and visitors to see, in newsletters, on the school website, the school's facebook page or used in the project materials exchanged with other schools. I also understand that pictures may be displayed outside of school usage e.g. local newspapers and magazines.

I understand that family and friends of other pupils may video concerts held at school and that my child could be included in their footage.

I agree to the above ☐ (please tick the box)

Name of Student - .....

Name of Parent - .....

.....  
Date

.....  
Signature of Parent



# Thomas Gall School

No: 364, A, Morris Road, Ambalanwatha

Email: [admin@thomasgallschool.com](mailto:admin@thomasgallschool.com)

Tel: 091 5633958/077 460 2588

Website: [www.thomasgallschool.com](http://www.thomasgallschool.com)

Stick Photo Here

## APPLICATION FOR ADMISSION

Please complete each section in **BLOCK LETTERS** using **Black Ink**

### Section 1: PERSONAL DETAILS OF STUDENT

Name in full - .....  
.....  
Name with Initials - .....  
Date of Birth - .....  
Nationality - .....  
Gender - Male ☐ Female ☐  
Address - .....  
.....  
Landline No. - .....  
Siblings currently at TGS .....  
Position in family - .....

### Section 2: ACADEMIC DETAILS OF STUDENT

Name of the most recently attended school - .....  
Class - .....  
Dates attended - .....

### Section 3: PERSONALITY AND HEALTH OF STUDENT

Details of any special aspects of the student's personality  
.....  
.....

Details of any health problem requiring special attention, including allergies or regular medication  
.....  
.....

Section 4: INFORMATION OF PARENTS

Name of the Father - .....  
Occupation - .....  
Organization - .....  
Office Landline No. - .....  
Mobile No. - .....  
E-mail address - .....

Name of the Mother - .....  
Occupation - .....  
Organization - .....  
Office Landline No. - .....  
Mobile No. - .....  
E-mail address - .....

Section 5: DETAILS OF EMERGENCY CONTACT

Name of Emergency Contact - .....  
Relationship to the Student - .....  
Landline No. - .....  
Mobile No. - .....

Section 6: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is accurate.  
I have understood and agree to abide by all school rules including school discipline, term fee  
payment and refunds mentioned overleaf.

Signature of Father/Mother

Date

Section 7: ADMISSION PROCEDURE

1. The completed admission form, along with a certified copy of the student’s birth certificate or passport, 2 passport sized photographs and the admission fee of Rs .40,000 (non-refundable) must be submitted to the school office for confirmation. All other fees should be paid in full on the first day of the student at the school.
2. Please note applicants for Early Years classes must be toilet trained.
3. Admission fee must be paid in full when a child is offered a place at TGS and the term fees are due at the first schooling day. Please note that admission fees are non –refundable and term fee will not be pro -rated if your child is withdrawn before the end of the term.

FOR OFFICE USE ONLY

Form Check By ..... Registration Fee Paid On .....  
Birth Certificate Provided Yes: ☐ Receipt No. ....  
Photographs Provided Yes: ☐  
Date of Enrollment .....  
Admission No. ....

Child Assessed by (Teacher’s name and signature): .....

Acceptance/Rejection A ☐ R ☐

Reason for Rejection

Signature of Principal