



'AVS SUNNYSIDE'
THE ASSAM VALLEY SCHOOL
P.O. Balipara-784 101, Dist. Sonitpur, Asom

DATE OF JOINING SCHOOL

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REGISTRATION FORM

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The Headmaster,
The Assam Valley School.

Dear Madam,

Please register my son / daughter for admission into the Primary section ('AVS Sunnyside') of The Assam Valley School. The particulars are given below:

NAME								
AGE ON 1ST APRIL OF THE YEAR APPLIED FOR			YEAR		MONTH		DAYS	
DOB (DD/MM/YY) (AS ON BIRTH CERT.)		BLOOD GROUP		CLASS APPLIED FOR				
RELIGION		PREVIOUS SCHOOL						
HOMETOWN		MOTHER-TONGUE						
SIBLINGS AT AVS								
FATHER'S NAME								
OCCUPATION (Please specify)		EMPLOYEE NO. (In case of AVS Staff)						
MOTHER'S NAME								
OCCUPATION (Please specify)		EMPLOYEE NO. (In case of AVS Staff)						
POSTAL ADDRESS								
PHONE NO.		MOBILE NO.		Father		Mother		
EMAIL ID (Parent)								
BIRTH HISTORY OF THE CHILD								
MEDICAL PROBLEMS, IF ANY								
ALLERGIES, IF ANY								
Note:								
1. In case of any change in phone no. / email ID / address , please contact Mrs. Rubina Rikhye at: rubina@assamvalleyschool.com .								
2. Please affix a Passport Photograph of the Child in the space provided above.								
3. Birth Certificate of the child is mandatory.								
4. Please submit a Demand Draft of ₹2,000/- (non-refundable) as registration fee, while submitting the form.								

SIGNATURE OF FATHER		SIGNATURE OF MOTHER	
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ADMISSION TO AVS SUNNYSIDE
GRADE / AGE CONVERSIONS

CLASS / GRADE	AGE
PRIMARY SCHOOL	
NURSERY	3+ years
LOWER KINDERGARTEN	4+ years
UPPER KINDERGARTEN	5+ years
ELEMENTARY SCHOOL	
CLASS 1	6+ years
CLASS 2	7+ years
CLASS 3	8+ years
CLASS 4	9+ years


Amit Jugran
Headmaster

