

FOR OFFICE USE ONLY	Registration Nom :
	Date of Receipt :
	Year applied for :



THE ASSAMVALLEYSCHOOL

P.O. Balipara - 784101, Dist. Sonitpur

Asom, India.

Tel. 9678074320/21/22/23

E-mail: admissions@assamvalleyschool.com

(0)9954620600 (M)

REGISTRATION FORM FOR CLASS XI

To,
The Headmaster,
The AssamValleySchool.

Dear Sir,

Please register my son/daughter/ward for admission into The Assam Valley School. The particulars of the candidate are given below:

Paste Candidate's
Photograph
(Do not staple)

NAME:(All in Block Letter)

FIRST NAME																			
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Middle Name																			
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Surname (Title/Family Name)																			
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DATE OF BIRTH :

DAY	MONTH	YEAR	INWORDS

GENDER	MALE	FEMALE

YEAR APPLIED FOR					
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STREAM APPLIED FOR	ELECTIVE 1	ELECTIVE 2	ELECTIVE 3	ELECTIVE 4

AGE ON 1ST APRIL OF THE YEAR:

DAY	MONTH	YEAR

PARENTS DETAILS :(All in Block Letter)

FATHER	MOTHER
<p>NAME : _____</p> <div data-bbox="302 268 604 541" style="border: 2px solid black; padding: 10px; text-align: center;"><p>Paste Father's Photograph (Do not staple)</p></div> <p><u>OCCUPATION DETAILS :</u></p> <p>NAME OF THE EMPLOYER (COMPANY): _____</p> <p>_____</p> <p>DESIGNATION : _____</p> <p>ADDRESS : _____</p> <p>P.O. _____ DIST: _____</p> <p>_____</p>	<p>NAME : _____</p> <div data-bbox="1016 268 1318 541" style="border: 2px solid black; padding: 10px; text-align: center;"><p>Paste Mother's Photograph (Do not staple)</p></div> <p><u>OCCUPATION DETAILS :</u></p> <p>NAME OF THE EMPLOYER (COMPANY): _____</p> <p>_____</p> <p>DESIGNATION : _____</p> <p>ADDRESS : _____</p> <p>P.O. _____ DIST: _____</p> <p>_____</p>

FOR COMMUNICATION BY THE SCHOOL:

FATHER	MOTHER
TELEPHONE NO : STD CODE: NO:	TELEPHONE NO :
MOBILE NO :	MOBILE NO :
EMAIL IDS :	EMAIL IDS :
ADDRESS : _____	ADDRESS : _____
P.O. _____ DIST: _____	P.O. _____ DIST: _____
PIN _____	PIN _____

PERMANENT ADDRESS :

P.O. _____ DIST: _____
_____ PIN: _____

SIBLING SPECIFICATION (BLOOD BROTHER/ SISTER)

1. IF STUDYING IN THIS SCHOOL: NAME:

CLASS:

ROLL NO/ HOUSE:

Paste Photograph
(Do not staple)

2. IF APPEARING THIS YEAR : NAME: _____ CLASS ENTRY _____

LOCAL GUARDIAN :

NAME : _____

MOBILE NO : _____

ADDRESS: _____

TELEPHONE NO : STD CODE _____ NO _____

EMAIL ID: _____

Paste Photograph
(Do not staple)

Religion : _____

Nationality : _____

Category (SC/ST/OBC/OTHERS) : _____

Mother Tongue : _____

Key Interest : _____

Physical Inability (If any) : _____

DETAILS OF THE SCHOOL PRESENTLY STUDYING IN

NAME: _____

TYPE OF SCHOOL : _____

(Day, Boarding, Partial Boarding, Day School with private hostels, Public School, Residential School, K.V, Navodaya, Sainik School, Boys only, Girls only, Co-educational)

ADDRESS : _____

PHONE NUMBER : _____

Any achievements in school :

Games _____

Co-curricular activities _____

NAME OF THE CLASS 10 BOARD : _____ BOARD EXAM ROLL NO/ INDEX NO (CLASS X) _____

Please mention how you came to know about " The Assam Valley School", Balipara : _____

Reason for applying to The Assam Valley School : _____

AGREEMENT & DECLARATION :

I _____ (Name of the Parent/Legal Guardian) understand and agree that
a) Registration **does not** mean qualification for admission. The Admission process involves an orientation followed by availability of seats
b) If the candidate is offered Admission then I will abide by the rules and regulations of the School, pay the fees in advance and settle any other accounts promptly.
c) I declare that I am the Parent/Legal Guardian of the candidate.

Date _____ Signature _____
Place _____ Name in Block letters _____
Relationship with the candidates _____

Enclosures :

1. Photocopy of the candidates Birth Certificate issued by a competent Village/Municipal/Govt. Authority or by a Registered Nursing Home or Medical Practitioner who has delivered the child with their medical Registration number. **(Affidavits or School Certificates are not acceptable)**
2. Duly attested Mark sheet of the last qualifying examination.
3. For Indian candidates: **Bank Draft of Rs.12,000**, in favour of "The Assam Valley School", payable at **Tezpur /Balipara** towards the registration fee, which is neither transferable nor refundable.
4. For Foreign candidates: **Bank Draft of Rs.15,000 or 400 US Dollars**, in favour of "The Assam Valley School", payable at **Tezpur/Balipara** towards the registration fee which is neither transferable nor refundable.

Return this form duly completed and signed to:

**ADMISSION OFFICE
THE ASSAM VALLEY SCHOOL
P.O.Balipara
Dist.Sonitpur,
Asom-784101**

Note (Class Age- Chart):

This note is for Candidates who are outside the preferred entry age range into Classes 3 to 9 in The Assam Valley School.

You may register your child for the class you intend him/her to join the school. You can not register the child classes in the same year. Change of class registered will not permitted.

AFTER REGISTRATION :

1. The candidate will get an orientation from the School.
2. A letter of offer, will communicate after the orientation directly to the candidate to start the Admission Procedure.
3. The School's decision is final.



MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of MBBS)

(Keep a copy of the Medical Fitness Certificate for your record)

I certify that I have carefully examined Miss/ Master/.....

Daughter/son of Mr. / Mrs.

whose health history is given below.

- | | |
|---|--------|
| 1) Any major illness or surgery in the past | YES/NO |
| 2) Suffer from Bronchitis/Pneumonia/Bronchial Asthma/Tuberculosis | YES/NO |
| 3) Suffer from Rheumatic Fever/Arrthritis/Epilepsy/Seizures | YES/NO |
| 4) Has/had a history of Somnambulism (Sleep Walking) | YES/NO |
| 5) Has/had history of FOOD/BLOOD allergies. | YES/NO |
| 6) Has/had any issues with mental health/wellbeing | YES/NO |
| 7) Has/had any learning difficulties | YES/NO |

--If the answer to any of the above is 'YES', please provide details and documents supporting treatment/intervention sought to for the same.

Based on the health history and examination, I certify that she/he is in good physical and mental health, and is free from any physical or mental health condition/disease which may interfere with her/his studies and participation in various activities required of her/ him as a student (boarder) of The Assam Valley School (Residential, co-educational, Boarding-School).

Signature of the student :

Signature of the parent :

Place:.....

Signature of the Medical Officer

Date :

Name:

Seal:

Registration Number: