

FOR OFFICE USE ONLY	Registration No:
	Date of Receipt :
	Year applied for :



THE ASSAM VALLEY SCHOOL

P.O. Balipara - 784101, Dist. Sonitpur
Asom, India.
Tel. 9678074320/21/22/23
E-mail: admissions@assamvalleyschool.com
(0)9954620600 (M)

REGISTRATION FORM FOR CLASSES V TO IX

To,
The Headmaster,
The Assam Valley School.

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 Letters)

FIRST NAME																			
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Middle Name																			
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Surname (Title/Family Name)																			
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH: -

DAY	MONTH	YEAR	IN WORDS

GENDER	MALE	FEMALE

YEAR APPLIED FOR				
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CLASS APPLIED FOR	
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AGE ON 1ST APRIL OF THE YEAR:

DAY	MONTH	YEAR

CLASS-AGE CHART (IN YEARS)

Class	V	VI	VII	VIII	IX
Age	10+	11+	12+	13+	14+

(If your child is outside this age range, please refer to note on page 4)

PARENTS' DETAILS:(All in Block Letters)

FATHER	MOTHER
<p>FULL NAME: _____</p> <div data-bbox="302 296 602 564" style="border: 2px solid black; padding: 10px; text-align: center;"><p>Paste Father's Photograph (Do not staple)</p></div> <p style="text-align: center;"><u>OCCUPATION DETAILS</u></p> <p>NAME OF THE EMPLOYER (COMPANY): _____</p> <p>_____</p> <p>DESIGNATION: _____</p> <p>ADDRESS: _____</p> <p>PO _____ DIST: _____</p> <p>STATE _____</p>	<p>FULL NAM : _____</p> <div data-bbox="1016 296 1317 564" style="border: 2px solid black; padding: 10px; text-align: center;"><p>Paste Mother's Photograph (Do not staple)</p></div> <p style="text-align: center;"><u>OCCUPATION DETAILS</u></p> <p>NAME OF THE EMPLOYER (COMPANY): _____</p> <p>_____</p> <p>DESIGNATION: _____</p> <p>ADDRESS: _____</p> <p>PO _____ DIST: _____</p> <p>STATE _____</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: _____
STATE: _____	PIN: _____

SIBLING SPECIFICATION (BLOOD BROTHER/ SISTER):

1. IF STUDYING IN THIS SCHOOL: NAME: _____
CLASS: _____
ROLL NO/ HOUSE: _____

Paste Photograph
(Do not staple)

2. IF APPLICANT 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 disability (If any) : _____

DETAILS OF THE SCHOOL APPLICANT PRESENTLY STUDYING IN

NAME OF THE SCHOOL _____
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 NUMBERS: _____
Any achievements in School :Games: _____
Co-curricular activities: _____

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

Reason for applying to The Assam Valley School: _____

AGREEMENT & DECLARATION:

- I, _____ (Name of the Parent/Legal Guardian) understand and agree that
- Registration **does not** mean qualification for admission. The Admission process involves an orientation followed by availability of seats.
 - 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
 - I declare that I am the Parent/Legal Guardian of the candidate.

Date: _____ Signature: _____

Place: _____ Name in Block letters: _____

Relationship with the candidate: _____

Enclosures: -

- Photocopy of the candidate's 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)**
- Duly-attested Mark sheet of the last qualifying examination.
- For Indian candidates: **Bank Draft / At-Par Cheque of Rs.12,000**, in favour of "The Assam Valley School", payable at Tezpur /Balipara as the Registration fee, which is neither transferable nor refundable.
- For Foreign candidates: **Bank Draft of Rs.15,000 or 400 US Dollars**, in favour of "The Assam Valley School", Payable at Tezpur/Balipara as the registration fee which is neither transferable nor refundable.

Return this form duly completed and signed to:

**ADMISSIONS OFFICE
THE ASSAM VALLEY SCHOOL,
P.O.Balipara,
Dist.Sonitpur,
Assam-784101
Phone - 9954620600**

NOTE (CLASS-AGE CHART):

This note is for candidates who are outside the preferred entry age range, Classes 5 to 9, in The Assam Valley School.

You may register your child for the class you intend him /her to join.

You cannot register the child for two classes in the same year.

A change of Class registered will not be permitted at the time of the Entrance Test.

AFTER REGISTRATION:

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



The Assam Valley School
PO Balipara, Dist Sonitpur, Assam

Registration Number

.....

(To be filled by the Admissions Office)

Date of Exam: Venue of Exam:

ADMIT CARD
(Please fill in the details)

Paste Photo
of the
Candidate

Class applied for

Name of the Student.....

Date of Birth.....

Name of the Father / Guardian.....

Choice of Indian Language for Exam (Hindi/Assamese/Bengali)

.....
(Signature of the Parent / Guardian)

.....
Signature of the Head of School



The Assam Valley School
PO Balipara, Dist Sonitpur, Assam

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.....
(Signature of the Parent / Guardian)

.....
Signature of the Head of School



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: