

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



THE ASSAMVALLEY 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 CLASS XI

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 Letter)

| | |
|------------|--|
| FIRST NAME | |
|------------|--|

| | |
|-------------|--|
| Middle Name | |
|-------------|--|

| | |
|--------------------------------|--|
| Surname (Title/Family Name) | |
|--------------------------------|--|

DATE OF BIRTH :

| DAY | MONTH | YEAR | IN WORDS |
|-----|-------|------|----------|
| | | | |

| | | | |
|--------|------|--------|--|
| GENDER | MALE | FEMALE | |
| | | | |

| | |
|------------------|--|
| YEAR APPLIED FOR | |
|------------------|--|

| | | | | | |
|--------------------|--|------------|------------|------------|------------|
| 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 |
|---|---|
| NAME : _____ | NAME : _____ |
| <div style="text-align: center; border: 2px solid black; padding: 10px; height: 100px;"><p>Paste Father's Photograph (Do not staple)</p></div> | <div style="text-align: center; border: 2px solid black; padding: 10px; height: 100px;"><p>Paste Mother's Photograph (Do not staple)</p></div> |
| <u>OCCUPATION DETAILS :</u> | <u>OCCUPATION DETAILS :</u> |
| NAME OF THE EMPLOYER (COMPANY): _____ | NAME OF THE EMPLOYER (COMPANY): _____ |
| DESIGNATION : _____ | DESIGNATION : _____ |
| ADDRESS : _____ | ADDRESS : _____ |
| P.O. _____ DIST: _____ | P.O. _____ DIST: _____ |

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 Examination process involves eligibility for Registration, Written Examination followed by an interview.
- 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.15,000**, 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 be permitted.

AFTER REGISTRATION :

1. The candidate will sit the written test for the class registered.
2. After the Written test and interview if the candidate is found suitable, the school decides which class the candidate will be offered a place to join The Assam Valley School. The Headmaster through a letter communicates this directly to the candidates.
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: