

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	
-------------	--

Surname (Title/Family Name)	
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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:

CLASS-AGE CHART (IN YEARS)

DAY	MONTH	YEAR			

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
FULL NAME: _____	FULL NAME: _____
<div style="border: 2px solid green; width: 150px; height: 100px; margin: auto;"><p>Paste Father's Photograph (Do not staple)</p></div>	<div style="border: 2px solid green; width: 150px; height: 100px; margin: auto;"><p>Paste Mother's Photograph (Do not staple)</p></div>
<u>OCCUPATION DETAILS</u>	
NAME OF THE EMPLOYER (COMPANY): _____	NAME OF THE EMPLOYER (COMPANY): _____
DESIGNATION: _____	DESIGNATION: _____
ADDRESS: _____	ADDRESS: _____
PO _____ DIST: _____	PO _____ DIST: _____
STATE _____	STATE _____

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: _____

EXAMINATION CENTRE

THE WRITTEN TEST & INTERVIEW WILL BE HELD ON THE SAME DAY AT THE ASSAM VALLEY SCHOOL ONLY.

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

a) Registration **does not** mean qualification for admission. The Examination process involves eligibility for Registration, a 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 candidate: _____

Enclosures: -

1. 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**)
2. Duly-attested Mark sheet of the last qualifying examination.
3. For Indian candidates: **Bank Draft / At-Par Cheque of Rs.15,000**, in favour of "**The Assam Valley School**", payable at **Tezpur /Balipara** as 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** 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:

① The candidate will sit the written test for the class registered.

② After the written test and interviews, if the candidate is found suitable, the School will decide the class in which the candidate will be offered a place. The Headmaster, through a letter of offer, will communicate this directly to the candidate.

③ 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)

Class applied for

Name of the Student.....

Date of Birth.....

Name of the Father / Guardian.....

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

Paste Photo
of the
Candidate

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

.....
Signature of the Head of School



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of the
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.....
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.....
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: