

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

Middle Name												
-------------	--	--	--	--	--	--	--	--	--	--	--	--

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

DATE OF BIRTH: -

DAY	MONTH	YEAR	IN WORDS

GENDER	MALE	FEMALE

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

CLASS APPLIED FOR	
-------------------	--

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
<p>FULL NAME: _____</p> <div style="text-align: center; margin: 20px 0;"><div style="border: 3px double black; width: 150px; height: 100px; margin: 0 auto;"></div><p>Paste Father's Photograph (Do not staple)</p></div> <p style="text-align: center; margin: 10px 0;"><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 style="text-align: center; margin: 20px 0;"><div style="border: 3px double black; width: 150px; height: 100px; margin: 0 auto;"></div><p>Paste Mother's Photograph (Do not staple)</p></div> <p style="text-align: center; margin: 10px 0;"><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: _____

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
- Registration **does not** mean qualification for admission. The Examination process involves eligibility for Registration, a Written Examination, followed by an interview.
 - 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.15,000**, 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:

- 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)

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

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



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: