

Any siblings of Applicant (Brother/Sister) studying in our school (if yes, fill the details below)

NAME OF THE STUDENT	CLASS & SREAM	ADMISSION NUMBER

FAMILY ANNUAL INCOME* _____

Note:

- Children enrolling in Nursery should have completed 3 years of age on or before 1 April; those enrolling in LKG should have completed 4 years of age on or before April 1 and so on. The same rule for age limits shall apply for enrolments to other classes and +/- 6 months considered.
- Entries filled in the admission form must match with the details of Birth Certificate/Transfer Certificate/Class-X Admit Card/Mark sheet etc. No changes shall be entertained and the same entries shall be carried in CBSE Registration/LOC Forms and the mark sheet provided by CBSE.
- Incomplete Form will not be accepted.

DECLARATION

I/We wish to apply for admission of the above-mentioned student to Brahmaputra Valley English Academy, Guwahati, Assam. I/We do hereby agree to abide by the terms of the prospectus, the rules and regulations of the School and the schedule of fees and payments as amended by the School at its discretion from time to time. I/We agree to permit photographs of my child/children to be used for the educational promotion of the School. I/We agree to accept the School's decisions in regard to student management, welfare and discipline. I/We hereby sign below as the legal custodian/s of the above-mentioned applicant having read and understood all documentation pertaining to this enrolment process and further agree that the School reserves a discretionary right to either accept or reject this application without explanation.

Date: _____

Place: _____

(Signature of Mother)

(Signature of Father)

UNDERTAKING FROM PARENTS

I/We, Mr. _____ & Mrs. _____ (Parents/Guardian) of Master/Miss _____ a student of Class _____ Section/Stream _____ bearing Admission Number _____ do hereby, undertake as detailed below:

01. That on behalf of my ward, I agree to abide by the rules and regulations of the school in force from time to time and the instructions/notifications/circulars of the school authorities.
02. That my son/daughter/ward is permitted to participate in all extra & co-curricular activities and excursion to be decided at the discretion of the Principal.
03. That my son/daughter/ward is not in possession of any valuable / jewellery, mobile phone, cash etc.
04. That all school dues of my son/daughter/ward, as fixed by the school shall be paid as per schedule.
05. That it shall be obligatory for me to attend the PT meeting and interact with the school authorities as and when notified.
06. That is hereby indemnify the school from all claim arising through illness, accident or any other cause on my ward and I or any relative of my ward shall have no right to file any claim against the school regarding illness, accident or any other cause
07. That I agree in the event of my ward being withdrawn during the course of the year, whatever may be the reason, the full fees laid down by the school for the whole year will be paid by me.
08. That the Principal is fully empowered to remove my ward, if in her opinion my ward has failed to maintain the discipline and decorum of the school and his/her further stay in the school is detrimental to the interest of the other students of the school.
09. That the information given in this form is correct to the best of my knowledge and belief. I understand that if the information given here, is found at any stage, to be incorrect or false, shall lead to automatic cancellation or enrolment of my ward from the school rolls.
10. That this undertaking is valid as long as my ward is the student of BRAHMAPUTRA VALLEY ENGLISH ACADEMY.

(Name of Mother)

(Signature & Date)

(Name of Father)

(Signature & Date)

MEDICAL HISTORY & FITNESS CERTIFICATE

(To be filed in and signed by a Regd. Medical Practitioner)

Name of Student (Master/Miss): _____ Age _____

Date of Birth: Class: _____ Gender (Male/Female): _____

Father's Name: _____

Mother's Name: _____

HEALTH INFORMATION (to be filled up by parents/guardian or by findings)

Any known disease: _____ Blood Group: _____

Any medicine undertaken: _____

Allergic to (specify if any): _____

PHYSICAL FITNESS

Details of other illness (Please tick mark and give details)

RESPIRATORY	EXCRETORY
DIGESTIVE	URINAL
CARDIAC	GENTAL
SKELETAL	SKIN
MUSCULAR	ALLERGIES
METABOLISM	EYES

Details of serious/chronic disease/operation undergone/physical disabilities, if any:

Please state whether the student is fit and able to participate in sport and expeditions. If not, please give details:

Whether habituated to use of any stimulant/alcohol/smoking/pan masala/tobacco/betel nut etc.

Clinical Evaluation: _____

Concise Physical Report: _____

Present B.P Reading: _____ Present Oxygen Level: _____

BODY MASS INDEX (BMI) REPORT

		PLEASE TICK			
HEIGHT		BMI	OBSESITY	NORMAL	OVER WEIGHT
WEIGHT			OVER WEIGHT	THINNESS	SEVERE THINNESS

INDICATE THE CONDITION OF:

EARS	CHEST
THROAT	TEETH
NOSE	ASTHAMA

DETAILS OF IMMUNIZATIONS GIVEN/DUE:

	1ST	2ND	3RD		1ST	2ND	
HEPATITIS-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TETANUS TOXOID	<input type="checkbox"/>	<input type="checkbox"/>	BCG
HEPATITIS-B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TYPHOID	<input type="checkbox"/>	<input type="checkbox"/>	CHICKEN POX
HIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	MMR
OPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPT	<input type="checkbox"/>	<input type="checkbox"/>	
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Any Other Please Specify: _____

This is to verify that I have thoroughly examined the above mentioned student, and found him/her medically fit to normal school and hostel life. He/she is not suffering from measles/chicken pox/scabies/ringworm or any transmittable disease. To the best of my knowledge and belief, he/she during the last thirty days has not suffered from or has been exposed to any infectious or contagious disease. It is also certified that he/she is not suffering from any acute/chronic disease that needs constant medical supervision.

(Signature & Seal of Medical Officer)

Name: _____

Date: _____

Place: _____

Reg. No: _____