

SCHOLARS VALLEY INTERNATIONAL SCHOOL

REGISTRATION FORM

Scholars Valley International School, Khatima Road, Sitarganj, Uttarakhand. Ph (+91) 70783-97777; (+	+91) 70783-98888
Registration number :	
	Photograph
CHILD'S PERSONAL RECORD	
Name of the child as per birth certificate :	
. Class (to which admission is sought):	ास:
Date of birth :/	
Place of birth: 5. Gender: M F	
(Please metion the correct date of birth, supported by relevant document. No further changes will be acceptable b	by school, after admission)
Age: 7. Date of admission:	
Any allergies: Food Color Medicine Any other	
Any other ailment :	
AMILY RECORD	
. Mother's Name :	
(As printed in official documents. No changes permissible)	
. Father's Name : (As printed in official documents. No changes permissible)	
Residential Address:	
Residential readiess.	
. Communication from School to be forwarded to :	
Qualification :	
Occupation	1
Scholars Val Mother's: tern 8	ational ational
Details of siblings (real brother/sister) in chronological order, including the ap	
Name Age M/F Ch O School	Class
A	
В	
C	

Please note the following

- 1. This form must be accompanied by:
 - a) One photocopy of the original Birth Certificate issued by concerned Government Authority.
 - b) One recent coloured Passport size photograph of the child (to be pasted in the space provided).
 - c) Proof of Residence Photocopy of electric card / Passport / Driving Licence / Telephone Bill.
 - d) Photocopy of previous School's Last Report Card (For admission in the class II and above only).
- 2. Incomplete form without supporting documents will not be processed.
- 3. Both parents must accompany the child when called for an interaction.
- 4. Any intervention in the normal admission protocol or citation of references will lead to disqualification of the application.
- 5. Admission to classes from Nursery to Class I are through random selection.
- 6. Registration once completed for a particular year is not transferable to any other year or to any other child.
- 7. All bus routes/stoppages would be at the discretion of the School authorities.

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DECLARATION

I agree to comply with the regulations of the school including those relating to the charging of the interest on unpaid bills and the assessment of fees for less than 90 days notice of the student's withdrawl or for the late arrival of student.

I understand and agree that under no circumstances the fees paid to the school will be refunded if a student withdraws admission for any reason.

All the above information concerning my child is true to the best of my knowledge.

I, hereby understand that I shall be solely responsible for involvement of my child in any kind of undesirable / indisciplinary behaviour, and shall be liable for punishment as per the rules.

Signature
Full Name of signatory:
Relationship to the child:
Scholar FOR OFFICE USE ONLY ation al
Application Recieved On:/School Date of Admission://

for SCHOLARS VALLEY INTERNATIONAL SCHOOL