

**JAF LONG VALLEY BOARDING SCHOOL**  
**SREEPUR, JAINTAPUR, SYLHET**

Passport Size

Photograph

**REGISTRATION FORM**

Reg. No.:

Admission No.:

To be filled by school to be filled by school

(TO BE FILLED BY PARENTS / GUARDIAN)

1.	Class to which admission sought		Stream for Class XI:			
2.	Academic Session					
3.	Name of the student (in BLOCK LETTERS)					
4.	Date of Birth	Date		Month		Year
5.	Father's Name (in BLOCK LETTERS)					
6.	Mother's Name (in BLOCK LETTERS)					
7.	Sibling Details, I any: a)Brother (Name & DOB)					
	b)Sister (Name & DOB)					
8.	Mother Tongue			9. State of Domicile		
	General		Defense*		Staff Ward	
10.	Educational Qualification, Occupation & Monthly Income of Parents:					
S. No.	Relationship	Qualification	Profession	Designation	Annual Income	
1.	Father					
2.	Mother					
3.	Guardian					
11.	For Communication By School:-					
<b>FATHER</b> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">             Passport Size Photograph           </div> <b>OCCUPATION DETAILS</b>			<b>MOTHER</b> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">             Passport Size Photograph           </div> <b>OCCUPATION DETAILS</b>			
Occupation with Designation _____			Occupation with Designation _____			
Mobile Nos. _____			Mobile Nos. _____			
E-Mail ID: _____			E-Mail ID: _____			
NID No. _____			NID No. _____			
Address: _____			Address: _____			
P.O: _____		P.S: _____	P.O. _____		P.S: _____	
Dist: _____		City: _____	Dist. _____		City: _____	
Country: _____		Post Code: _____	Country: _____		Post Code: _____	

17. Permanent Address

Address: \_\_\_\_\_

City \_\_\_\_\_

Post Code \_\_\_\_\_

18. Previous School

Last school attended	Medium of Instruction	Class in which studying/passed	Month & Year of promotion to present class	Result & Position (CGPA)

Please attach Mark Sheet / Progress Report card of last 2 years

19. Participation in Extra Curricular Activities (ECA) / Games / Sport:

Competition	Level (School/District/National)	Position

20. Does the student have any physical disability or medical history or any serious ailment? If Yes, Please specify:-

\_\_\_\_\_

\_\_\_\_\_

21. Details of Real brother (s) studying/studied at Jaflong Valley Boarding School:

Name	Admission No.	Residential/Day Boarder	Class	Batch or Year of Passing	House

22. Details of close relative(s) who study /had enrolled at JVBS

Name	Admission No.	Class	Relation	Batch or Year of Passing	House

23. Details of Authorized Visitor (Including LG) with telephone numbers for your ward to communicate.

S. No	Name of Authorized Visitors/Local Guardian ( L.G)	Relationship	Phone No.	Specimen Signature
E-mail ID:			NID No.	

24. Centre for Aptitude test:

JVBS Campus:

Sylhet Liaison Office:



25. Please mention how you came to know about JVBS: Newspaper/ Magazine

Website

Word of Mouth

Any Other Source (Please specify) \_\_\_\_\_

26. Reason for applying to the Jaflong Valley Boarding School: \_\_\_\_\_

## **UNDERTAKING & DECLARATION By The Parent/Guardian**

1. We/ I promise to abide by the rules and regulations of the school in force and as amended from time to time.
2. We/I have made a careful note of various details regarding the payment of School fees. Satisfactory arrangement for the remittance of School fees, within due dates without waiting for a reminder from the school have been made.
3. We/I solemnly declare and affirm that the information given above is true to the best of our / my knowledge and belief and that nothing has been concealed. At any time if any information is found false/incomplete the decision of the School authorities in this regard will be final and binding.
4. We/I authorize the School Resident Medical Officer to undertake future inoculation/vaccination from year to year in respect of our/my son/ward. We/I also hereby authorize the School Medical Officer to administer any kind of medicine to our/my ward after checking details of allergies as submitted at the time of admission. For any addition to allergies, it shall be our/my responsibility to ensure that the School Medical Officer is officially informed in writing.
5. We/I certify that our/my son/daughter/ward is not suffering from any contagious, constitutional or hereditary disease or deformity or allergy to any medicine.
6. We/I also certify that no case is pending in the court of Law concerning my son/ward or between parents.
7. We/I have read the School Prospectus and we/I bind ourselves/myself to conform to the school rules, including Fee-rules, as amended from time to time.
8. We/I hereby agree that even in the event of my ward being withdrawn during the course of the year for whatever reason, the fee as laid down by the School will be paid by us/me.
9. We/I shall not hold the school responsible for any mishap, injury, accident while making an attempt to abscond.
10. We/I understand that the school authorities are not responsible if the ward meets with an accident during the functioning of the school, we/I will submit an affidavit on this account.
11. We/I promise that, we/I will not discourage my ward from participation in any of the school Extra Curricular Activities (ECA). We/I promise that we/I will allow our/my ward to whole heartedly participate in all the school Sports & ECA. He will also shoulder responsibility if any school appointment is given to her during her stay in the School. He will always abide by school rules and regulations.
12. We/I understand that Registration Fee and Admission Fee is nonrefundable & once paid will not be claimed by us/me.
13. We/I certify that the particulars given by us/ me are correct.

**IMPORTANT NOTES:**

1. Until this form is duly completed and has been sent to the School, the case for admission cannot be considered and the admission is liable to rejection.
2. Two latest passport size photographs of the child are to be sent along with this registration form. One photo is to be pasted at the space provided. Parent/Guardian of the child must sign the photographs.
3. The application is to be signed by both the parents, unless otherwise. A legal guardian may only sign if the father and mother are not alive.
4. Serving/ex defense personnel will produce proper proof of their status.
5. Under normal circumstances the Address/Contact No./Email-Id given in the Registration Form shall not be changed. However, request for change shall only be entertained if made in writing under the signatures of Father/Mother. Any message sent by School on the given email-id shall be treated as conveyed to the parents. \*

Signature of Father

Signature of Mother

\*If any signatory is not available please specify reason in detail \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reg. No.:	Receipt No.:	Admission Test Date:
Class to which admission sought		Admission Test time: 8:00 A.M.
Academic Session		

**ADMISSION TEST REPORT**

Admitted to Class	
Admitted conditionally to class	
A/C Office: Collect the School Dues	
A/C Office /I/C Student Record Cell to obtain all the relevant documents	

Student Record Cell

Exam Cell I/C

**Remarks:**

Administrator		
Admission Test date		<b>Principal</b>
Aggregate marks		
Admission/Provisional Admission		
Class/Subject/Stream		

**TO BE COMPLETED BY ACCOUNTS BRANCH**

Admission No. _____
Dues deposited vide Cash Receipt No. _____ Date _____ For _____

\_\_\_\_\_  
Accountant

\_\_\_\_\_  
Administrator