



G. Rio School

ADMISSION FORM

DAY SCHOLAR / BOARDER



CBSE Affiliation No.: 1430016 School Code: 35339

High School Area, P.O Box: 702

Kohima, Nagaland – 797001

Email Id: grioschool@yahoo.in Tel Ph: 8837455637

Note:

1. The form should be strictly filled by the parents in their own hand-writing (IN BLOCK LETTERS).
2. The medical report of the student should be enclosed with this form.

Please **PASTE** recent passport size photo.

(Do Not Staple)

Following is the information regarding my Son Daughter

Class _____ 20__ - 20__

A. Particulars of the child:

Name of the child (In Capital letters): _____

Date of Birth: _____ Religion: _____ Tribe/Community: _____ Category: (ST/SC/OBC/GEN)

Present Address: _____

Permanent Address: _____

Residential Phone No.: _____ Mobile No.: _____

B. Particulars of Parents:

Father

Mother

1. Name: _____

2. Age: _____

3. Educational Qualification _____

4. Occupation/Designation _____

5. Dept./Address: _____

7. Office Tel No.: _____

Signature of the Parent with Date

FOR OFFICE USE

Regd/Adm No.: _____ D.O.J: _____

Transportation: **(Y / N)** Point: _____

Concession: _____

Approved by: _____

(Signature)

Note: Provide valid Mobile Number for SMS Alert.

C. Previous School History:

(Include home schooling details)

SCHOOL ATTENDED	YEARS	LEVEL/CLASS

D. Details of siblings (Studying in G. Rio) :

NAME	DATE OF BIRTH	SEX (M/F)	CLASS

E. Local Guardian:

(TO BE COMPLETED IF PARENT IS NON-RESIDENT IN KOHIMA)

Name

Address

.....

Phone number:

F. Parent Evaluation:

We understand that it may be difficult for a parent to objectively evaluate his/her own child. However, we believe that your comments will be of value to us, particularly as compared with responses from others not so close to the student.

Please indicate your appraisal of your child's attitude towards school work and others/as applicable on a scale of 1-5 (1 = low, 5 = high)

	1	2	3	4	5	<u>Comments (if any)</u>
Organizational skills						
Motivation to study on his/her own						
Study habits						
Leadership Potential						
Relationship with peers						
Self-confidence						

AGREEMENT:

IMPORTANT DECLARATION to be consented approval of admission.

I agree to comply with the regulations of the school, including those relating to the charging of interest on unpaid bills and the assessment of fees for less than the required notice of a student's withdrawal or for the late arrival of a student. I agree to pay amounts due to the School promptly upon presentation of a statement. I understand that failure to pay fees could lead to my child's withdrawal from a school or public exam, the withholding of reports and exclusion from school. I also understand that failure to fill in the pre-admission medical forms accurately could lead to my child's exclusion from school. I enclose Rs. 1000/- as a non-refundable application fee, together with a copy of the student's latest school report.

Signed:

Date:

FOR OFFICE USE ONLY

Admit to Grade: _____

HOD's Remarks: _____

HOD: To sign once the student's place has been confirmed:

Signed:

Date:



G. Rio School, Kohima

High School Area, P.O Box – 702, Kohima – 797001 Nagaland
(CBSE Affiliation No. 1430016 : School Code 35339)

www.grioschool.com : E – Mail: grioschool@yahoo.in : Phone No.: 03702806075



G. MEDICAL FORM

Name: _____

Class: _____ Age: _____ Sex: (Male / Female)

1. Blood Group : _____

2. Immunisation Status : _____

3. Heart Diseases : _____

4. Congenital Disorders : _____

5. Respiratory Problems : _____

6. Allergy : _____

7. Vision : _____

8. Hearing : _____

9. Height : _____

10. Weight : _____

11. Infectious Diseases:-

(a) HIV : _____

(b) HEPATITIS:-

A : (Whether vaccinated) Yes / No

B : (Whether vaccinated) Yes / No

12. Any other: _____

For Doctor's use only

I hereby certify that I have thoroughly examined _____ son/daughter of _____ is given a thorough medical examination and found him/her fit for normal school life. To the best of my knowledge and believe, I certify that he/she is not suffering from any communicable disease and has not, the last thirty days suffered from or been exposed to any infectious or contagious disease.

He/she is medically fit and has/has not suffered from any acute/chronic disease which needs medical supervision _____ (if yes, please specify)

Further remark of the Doctor _____

Doctor's Name
(With Seal)

Hospital/Clinic
(With Seal)

II. Enclosures: For Parents Use (NOT TO BE SUBMITTED)

1. At the time of SUBMISSION of APPLICATION FORM:

The following documents should be submitted along with the **APPLICATION FORM**:

- a) Mark sheet of the Quarterly/Half yearly/last examination of the previous school.
- b) Birth Certificate (**Xerox copy**)

2. At the time of ADMISSION (For Selected Candidates):

At the Time of **ADMISSION**:

- a) Transfer Certificate/School Leaving Certificate. (**In original, from the school in which the student last studied**)

3. At the time of INTERVIEW:

At the Time of **INTERVIEW**:

- a) Latest examination result (Should be produced to the Board of Interviewers).

NOTE:

- 1. Staple all documents to the top left-hand corner of the application.**
- 2. PARENT should accompany the child during the time of Interview.**