



Rockvale Academy

Kalimpong

ADMISSION FORM

(Class XI)

Admission Form No. RA...../.....

For Office use only

Date of Admission: House Affiliation..... Student ID:

Name

(In BLOCK letters)

First Name

Middle Name

Last Name

Gender: Male Female

Date of Birth (Date/Month/Year):

Nationality:..... Passport Number:..... Blood Group:.....

Religion:..... Mother Tongue:

Schedule: 0-OBC 1-SC 2-ST 3-General

Name of previous school:

Stream selected: Arts Commerce

Residence Type: Day Scholar Boarder Second Language:.....



Parents details

Father's Name:.....

Occupation:.....

Mother's Name:.....

Address

Permanent:.....

Temporary:.....

Postal (For receiving mail / report card).....

Phone (Residence): ISD..... STD..... No.....

Phone (Office): ISD..... STD..... No.....

Fax: ISD..... STD..... No.....

Mobile: ISD..... No.....

SMS (Indian registered Mobile Number): ISD..... No.....

Email Address:.....

Details of Local Guardian

Name

Local Address.....

Phone: ISD..... STD..... No.....

Mobile: ISD..... No.....

SMS (Mobile Number):

Checklist

- | | | |
|---|---|---|
| <input type="checkbox"/> * Birth Certificate | <input type="checkbox"/> ** Transfer Certificate | <input type="checkbox"/> 3 Copies Passport Photo |
| <input type="checkbox"/> * Last Progress Report | <input type="checkbox"/> ** Character Certificate | <input type="checkbox"/> * Passport (Foreign Students only) |

Note: * Submit photocopy, ** Submit original

Head Clerk's Remarks

Date

Signature

Principal / Vice-Principal's Remarks

Date

Signature

DECLARATION BY PARENT / GUARDIAN

I..... Parent / Guardian of
..... do hereby understand and accept
the following fully:-

- a) I certify that the above information is correct and affirm that I will abide by the rules and regulations set by the School which is clearly mentioned in the School Prospectus & School Diary.
- b) To abide by the decision taken by the School Authorities against the student for any misbehaviour, insubordination, political involvement, unruly behaviour towards teachers and other executive staff within school hours or in school premises or when in school uniform.
- c) In case of any accident or illness, the School Authorities may take the child to the Hospital / Nursing Home as per the condition of the child.
- d) I will not hold the school authorities responsible for injuries / death of my ward by events that are accidental in nature.
- e) I will not hold the school authorities responsible should by ward break bounds and abscond from the school and fall into any danger as a consequence.
- f) The documents submitted with this form as mentioned in the checklist of my child / ward are authentic originals or true copies of the documents.
- g) I hereby state and declare that should I or my child / ward not fulfill any one of the above conditions fully or partially or have furnished false documents or incorrect information, then school authorities of Rockvale Academy have the right to strike off the name of my child / ward from the school rolls and my child / ward will be considered withdrawn from the school by me.

.....

Date

.....

Signature of Parent / Guardian