



THE ASSAM VALLEY SCHOOL

PERSONAL DETAILS FORM

ACADEMIC YEAR: 2015-'16

| | | | | | |
|---|--|-----------------------|--------|--------|--|
| NAME | | ROLL NO. | | HOUSE | |
| DOB (DD/MM/YY) (AS PER BIRTH CERTIFICATE) | | BLOOD GROUP | | CLASS | |
| RELIGION | | PREVIOUS SCHOOL | | | |
| HOMETOWN | | MOTHER-TONGUE | | FOOD | |
| SIBLINGS AT AVS | | | | | |
| FATHER'S NAME | | | | | |
| OCCUPATION (PLEASE SPECIFY) | | | | | |
| MOTHER'S NAME | | | | | |
| OCCUPATION (PLEASE SPECIFY) | | | | | |
| POSTAL ADDRESS | | | | | |
| PHONE NO. | | MOBILE NO. | FATHER | MOTHER | |
| EMAIL ID (PARENT'S) | | EMAIL ID (STUDENT) | | | |
| AUTHORIZED GUARDIAN'S NAME | | | | | |
| OCCUPATION | | | | | |
| POSTAL ADDRESS | | | | | |
| PHONE NO. | | MOBILE NO. | | | |
| EMAIL ID | | | | | |

NOTE

1. In case of any change in **phone no. / email ID / address**, please contact the **School Liaison Officer** at: slo@assamvalleyschool.com.
2. Please furnish the **FUNCTIONAL** email ID of **PARENTS** and **AUTHORIZED GUARDIAN**, wherever applicable.
3. **NO AVS STAFF MEMBER** is allowed to be the Local Guardian unless it is a blood relative **AND** with the prior consent of the **Head of School**.
4. Only the **Authorized Guardian**, whose name is mentioned in this form, will be permitted to collect **his / her** ward.
5. **No EMPLOYEE** of a parent i.e. Driver, Attendants or Servants will be allowed to collect the child or return the child on behalf of the parent.
6. In case of an **EMERGENCY**, prior permission to collect the child must be taken from the **DEPUTY HEAD** Email: dhm@assamvalleyschool.com. Cell No: 9957196055
7. **Passport Photographs** of Parents, Child and Authorized Guardian and all information in this form is **MANDATORY**.

I confirm the accuracy of the information provided.

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

AUTHORIZED GUARDIAN'S SIGNATURE

PLEASE AFFIX PASSPORT PHOTOGRAPHS OF PUPIL, PARENTS & AUTHORIZED GUARDIAN HERE



PUPIL



FATHER



MOTHER



AUTHORIZED GUARDIAN