



G. Rio School

ADMISSION FORM XI

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 filled 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)

Sex: (Male / Female)

Stream in which admission is sought (Arts / Science) year 20____ - 20____

A. Particulars:

Name of the child (In Capital letters): _____

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

Present Address: _____

Permanent Address: _____

Aadhar No.: _____ Mobile No.: _____

B. Particulars of Parents:

Father

Mother

1. Name: _____

2. Age: _____

3. Educational Qualification _____

4. Occupation/Designation _____

5. Dept./Address: _____

7. Mobile 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	BOARD	PERCENTAGE

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

NAME	DATE OF BIRTH	SEX (M/F)	PRESENT SCHOOL	CLASS

E. Subjects offered:**Class – XI (Arts)**

1. English
2. History
3. Political Science
4. Sociology
5. Economics/Geography
6. Physical Education/Tourism
7. Fine Art/Music
8. General Studies

Class – XI (Science)

1. English
2. Chemistry
3. Physics
4. Biology/Comp. Science
5. Mathematics/Geography
6. Physical Education/Tourism
7. Fine Art/Music
8. General Studies

F. Local Guardian:

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

Name

Address

Phone number:

Language spoken at Home: _____

Will your child be able to adapt to a variety of food? **(YES / NO)**

If No, explain: _____

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

Admitted: **(YES / NO)**

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. Allergies : _____

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) End-Term Marksheet of Class 9.
- b) Mid-Term Marksheet of Class 10.
- c) Admit Card of Class – 10 Board Examination.
- d) 1 individual passport size colour photograph.
- e) Birth Certificate (**Xerox copy**)
- f) Aadhar

Foreign Students who have passed X Grade from other Examination Bodies:

- a) Documents as stated above.

2. Percentile Cut-off requirements:

- a) Science Stream: 60% in Mathematics & Science.
- b) Arts Stream: 60% in English & Social Science.

3. Documents to be produced at the time of ADMISSION (For Selected Candidates):

- a) Final Marksheet in XEROX.
- b) Transfer Certificate/School Leaving Certificate in ORIGINAL.

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.