

RINCHEN HIGHER SECONDARY SCHOOL Chang Gaydarphu, Post Box #105 Thimphu: Bhutan

рното

OF

APPLICANT

APPLICATION FOR STUDENT ADMISSION - 2020

Please fill in with BLOCK letters and $\sqrt{1}$ in appropriate boxes

A. APPLICANT INFORMATION 3. Male 4. Nationality 1. Applicant's full name: 2. Date of Birth Female 5. CID# First Middle Last -----/-----/-----8. Contact Details: 7. Mailing Address 6. Permanent Address: Email..... Village: Mobile#..... Gewog: Phone#..... Dzongkhag: **B. PARENT/ GUARDIAN** FATHER MOTHER **GUARDIAN** NAMES Occupation/Job: Title: Organization: Contact Address: Email: Mobile: Phone: (c) Mother (d) Guardian (b) Father The applicant lives with (a) Both the Parents C. ACADEMIC INFORMATION PEASE FILL IN STUDENT CODE NUMBER (* this field is compulsory) Please provide your schooling history from Class X on wards Caral *a* . ---0/ S -.

Grade	School Name	Year of Completion	% Secured	Remarks
Х				
XI				
XII				

D. FINANCIAL INFORMATION

1.	Name of the person who will be responsible for payment of your fees:	2. If the person is not listed in B above, please provide the following details:
		(a) Name of the person:
		(b) Occupation/Title/ Organization:
		(c) Contact address:
		(d) Mobile / Telephone #:
		(e) Email ID:
	3. Not applicable	for the Government scholarship

Tick the box corresponding to your option Arts) Commerce	XI	\Box	

E. SUBJECT ELECTIVE

Change in stream and electives will not be permitted after admission. Indicate your option by a tick in any ONE of the box against the stream given below:

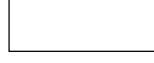
COMMERCE STREAM (Compulsory Subjects)	ARTS STREAM (Compulsory Subjects)
1. English	1. English
2. Dzongkha	2. Dzongkha
3. Accounts	
4. Commerce	3. Geography
5. Business Mathematics	

COMMERCE STREAM (Optional Subjects)	ARTS STREAM (Optional Subjects)
	1. Media Studies
1. Computer Studies	2. EVS
	3. Rigzhung
	4. Economics
2. Economics	5. Mathematics
	6. History
	7. Agriculture

F. CO- CURRICULAR INFORMATION
1. Games and Sports 2. Cultural Activities 3. Literary Activities 4. Scout 5. Any other activities you are good at (specify)
G.HEALTH INFORMATION

Do you have any chronic health problem or physical disabilities that the school should be aware of ? Yes

I declare that the information provided above is correct to the best of my knowledge. I shall remain fully responsible in case the information provided are incorrect.



No





CANDIDATE'S SIGNATURE

PARENT'S SIGNATURE

GUARDIAN'S SIGNATURE

Application checklist: Please check if you have submitted all the following:

Original	Xerox
	Original

FOR OFFICE USE ONLY (If ADMITTED)

Admission No:	Date admitted:
Class admitted in:	Type of admission: Regular Scholarship
Status of admission: Provisional With undertaking from	m parents & students

Head of Admission Committee

Principal



Guarantee for Fee Payment

Date:

Signature:	Signature witness:
Name:	Name:
Address:	Address:
Office Telephone No	Office Telephone No
Residential Telephone No.	Residential Telephone No.

Residential Telephone No.
Mobile No
ID Card No
E-mail

Mobile No.

ID Card No.

E-mail.

RINCHEN HIGHER SECONDARY SCHOOL



Student Admission Agreement

I....., (Application #.....), son/daughter of), son/daughter of, hailing from, hailing from desire to enroll in the......stream at the Rinchen Higher Secondary School starting in 2020 academic year. I'm fully aware of the high demands that the Rinchen HSS will make on my academic performance as well as my conduct.

I understand that the primary objective of all Rinchen HSS students is to successfully pursue learning at the school. I also appreciate the fact that certain rules and regulations are essential in order to help students achieve their personal goals, as well as the organizational goals of school.

I fully understand that by choosing to enroll in Rinchen HSS, each student like me has to accept and live by a code of conduct which values and promotes civility, good citizenship and productive behavior. Therefore, I willingly accept and agree to abide by those standards, guidelines, and policies established by the Rinchen HSS and those which may come into effect in the future.

I am also aware that if I fail to abide by the rules, regulations, and policies as set forth by the Rinchen HSS, I may be subject to appropriate disciplinary action or termination from the school with forfeiture of the fees paid.

Student's Name

Student's signature

Date_____

Parent/Guardian's Name_____

Parent's/Guardian's signature_____