

Student Application Form



Bangla Medium	Boys <input type="checkbox"/> Girls <input type="checkbox"/>	English Version	Boys <input type="checkbox"/> Girls <input type="checkbox"/>	Islamic Section	Boys <input type="checkbox"/> Girls <input type="checkbox"/>
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To be completed by Parent/Guardian
Please use CAPITAL LETTERS to complete this form



Candidate's Personal Details

Student's Name : _____

Date of Birth : _____ / _____ / _____ Gender: Male Female

Place of Birth : _____ Nationality: _____

First Language : _____ Other Languages Known: _____



Residential Address & Family Information

House No : _____ Road No: _____ Thana: _____ Area: _____

Postal Code : _____

Father

Full Name : _____ Phone: _____

E-mail : _____ Educational Qualification: _____

Profession : _____ Organization: _____ Designation: _____ Monthly Income: _____

Mother

Full Name : _____ Phone: _____

E-mail : _____ Educational Qualification: _____

Profession : _____ Organization: _____ Designation: _____ Monthly Income: _____

Guardian (If Applicable)

Full Name : _____ E-mail: _____

Relation with student: _____ Phone: _____ / _____





Emergency Contact

Name: _____ Name: _____ Name: _____
 Relation: _____ Relation: _____ Relation: _____
 Phone: _____ Phone: _____ Phone: _____



Sibling Information (If Any)

Sibling 1

Full Name: _____
 Date of Birth: _____ / _____ / _____ Gender: Male Female
 School Name: _____ Class: _____

Sibling 2

Full Name: _____
 Date of Birth: _____ / _____ / _____ Gender: Male Female
 School Name: _____ Class: _____



Declaration

I hereby declare that my son/daughter/dependant _____, will follow all the rules and regulations of the educational institution after admission. I will bear all educational expenses for my child/dependant. If, for any reason, my child/dependant fails to abide by the rules, I will accept any decision made by the school authorities.

Student's Signature

Guardian's Signature

Vice. Principal's Signature

Principal's Signature



For School Office Use Only

Checklist:

- Birth Certificate Passport Copy School Report Transfer Certificate
 Passport size Photos Medical Form Transportation Form Admission Fees

Name of the Student: _____

Class: _____ Section: _____

Date: _____

Signature: _____

(Admission Officer)

