

SCHOOL FOR COMMUNITY DEVELOPMENT

(A concern of Institute for Community Development)

[Govt. Registration No. S-6813(01)/07]

38/6, Shantinagar (Peer Shaheber Goli), Masjid As-Siddik (RA) Complex, Dhaka-1217
Tel: 01300560657 E-mail: shantinagar@scdbd.org, Website: www.shantinagar.scdbd.org

Attach 2 copy of
Passport size
photo

ADMISSION FORM

(Tk. 200)

Application submission date: _____ Expected Class for session 2023* _____ Gender: Boy / Girl

STUDENT INFORMATION:

Name (English BLOCK LETTER). _____

Name (Bangla) _____

Date of Birth: DD/MM/YYYY Age as of today: _____ Nationality: _____ Blood Group: _____

Name of the Previous School _____ Previous year class/grade _____

PARENTS DETAILS:

Father's Name: _____ Occupation: _____ NID: _____

Mother's Name: _____ Occupation: _____ NID: _____

Present Address: _____

Permanent Address: _____

E-mail (F): _____ E-mail (M): _____

Mobile (F): _____ Mobile (M): _____ Land phone: _____

GUARDIAN DETAILS (in absence of parents) :

Guardian's Name: _____ Occupation: _____ Relation: _____

NID: _____ Mobile: _____ E-mail: _____

Is the student suffering from illness, allergy?: YES / NO

Briefly describe (if yes): _____

I declare that all the above information are true and correct and I will obey all the rules & regulations of the school. I have no obligation if any extra-curricular activities are organized by the school.

Student's Signature & Date

Parents/Guardian Signature & Date

FOR OFFICE USE ONLY

Admission No.* _____ Selection decision: YES / NO For Class: _____ Decision Date: _____

Members present on exam board: _____

Comment: _____

Principal's Signature