SCHOOL FOR COMMUNITY DEVELOPMENT

(under the supervision of Institute for Community Development)

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

SHANTINAGAR BRANCH: House #38/6, Mashjid As Siddiq (Ra) Complex, Shantinagar, Dhaka-1217

Tel: +880 1300-560657, 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 2024 *_____   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/GUARDIAN INFORMATION:

Father's Name: _____   Occupation: _____NID: _____

Mother's Name: _____   Occupation: _____NID: _____

Present Address: _____   E-mail: _____

Permanent Address: _____

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

Guardian's Name (in absence of parents): _____   Occupation: _____   Relation: _____

Guardian's NID: _____   Mobile 1: _____   Mobile 2: _____

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