

SCHOOL FOR COMMUNITY DEVELOPMENT

(A concern of Institute for Community Development)

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

MAIN BRANCH: House #54/A, Road #12, Shekhertek, Mohammadpur, Dhaka-1207

Tel: +880 1705-679603, E-mail: info@scdbd.org, Website: www.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 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