

# 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](mailto:info@scdbd.org), Website: [www.scdbd.org](http://www.scdbd.org)

*Upload a picture of the student by clicking above*

## 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: \_\_\_\_\_ 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.*

*Click here to upload Student's signature*

*Click here to upload Parent's/ Guardian's Signature*

### ----- FOR OFFICE USE ONLY-----

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

Members present on exam board: \_\_\_\_\_

Comment: \_\_\_\_\_

Principal's Signature