

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.orgAttach
1 copy of
passport-size
photo**ADMISSION FORM**

(Tk. 200)

Application submission date: _____ Expected Class for session 2025 _____

STUDENT INFORMATION:

Name (English BLOCK LETTER) _____ Gender: Boy / Girl

Name (Bangla) _____

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

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

Quran Learning Status: *Beginner / Quaida / Amma Para / Najera / Doing Hifz (Completed total _____ para) / Completed Hifz in year _____***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): _____ Other Mobile: _____

LOCAL GUARDIAN: *(In case of emergency, if the parents cannot be reached, the school may contact the designated local guardian.)*

Local guardian's name: _____ Relation with student: _____ Mobile: _____

Has the student been diagnosed with any illness? (For example: allergy, ADHD, ADD, skin disease, asthma, etc. (Yes / No)

If yes, describe briefly: _____

I declare that all the above information are true and correct and I will obey all the rules & regulations of the school, in-shaa-Allah._____
Student's Signature & Date_____
Parent /Guardian Signature & Date**FOR OFFICE USE ONLY**

Written (Marks): _____ Viva (Marks): _____ Selection Decision: (Yes / No) Recommended for class: _____

Members present on exam board: _____

Comment _____

Principal's Signature**SCHOOL FOR COMMUNITY DEVELOPMENT**

(A concern of Institute for Community Development)

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

Tel: +880 1705-679603, E-mail: info@scdbd.org, Website: www.scdbd.orgAttach
1 copy of
passport-size
photo**ADMISSION FORM****STUDENT INFORMATION:**Name (English) _____ Date of Birth: DD/MM/YYYY

Expected Class for session 2025 _____ Gender: Boy / Girl

PARENTS DETAILS:

Father's Name: _____

Mobile (F): _____

Authorised Signature*** Student must bring this part of "Admission Form" during Written Assessment & Viva.**