

SL: _____

Student Application Form for Grade: _____ Session: _____

A. For Official Use:

Academic Year: _____, Application Number: _____

Date of Application: _____, Signature & Seal: _____

Attach 3 recent
passport-size
photographs of the
student.

B. Student's Details:

Student's Name: _____

First

Middle

Last

(Please state child's name in Block Letters as it appears on his/her Passport / Birth Certificate)

Date of Birth: _____ Gender: Male Female

Place of Birth: (City) _____ (Country) _____

Religion: _____, Nationality: _____

Passport No: _____ Issue Date: _____ Expiry Date: _____

Does your child hold more than one passport? If yes, please give details:

With whom does the child live in Dhaka?

C. Student's Sibling Information:

Name of the child	Date of Birth	School	Grade

D. Parent Details:

1. Father

Attach 3 recent passport-size photographs of the father	Last Name:	First Name:
	Date of Birth:	Place of Birth:
	Blood Group:	Nationality:
	NID No:	Passport No:
	Occupation/Job Title:	Company Name:
	Office Address:	Office Fax:
	Office Tel:	Office E-mail:
	Home Address:	Res. Tel:
	Mobile:	E-mail:

2. Mother

Attach 3 recent passport-size photographs of the mother	Last Name:	First Name:
	Date of Birth:	Place of Birth:
	Blood Group:	Nationality:
	NID No:	Passport No:
	Occupation/Job Title:	Company Name:
	Office Address:	Office Fax:
	Office Tel:	Office E-mail:
	Home Address:	Res. Tel:
	Mobile:	E-mail:

E. Emergency / Guardian Contact:

(Give names and contact numbers of relatives/friends for use during school day/s).

Attach 3 recent passport-size photographs of the person/s.	1. Name	
	Relationship with student	
	Cell Phone No.	
	Address	
	Email ID	
	NID No.	

Attach 3 recent passport-size photographs of the person/s.	2. Name	
	Relationship with student	
	Cell Phone No.	
	Address	
	Email ID	
	NID No.	

F. Previous School Information:

(Give details of schools attended (List most recently attended school first, please provide copies of records of the last two school years)

Name of the School	Grade(s)	Location	From (Year)	To (Year)

G. Other Information:

Please describe your child's strengths and challenges so your child's teacher(s) will know how best to assist him/her:

Mother Tongue: _____

Any other language/s spoken: _____

Student's proficiency in English (Tick one below)

Excellent Good Average Fair Beginner

Has your child ever received any of the following special service? If yes, tick service(s):

- | | |
|--|---|
| <input type="checkbox"/> Gifted/Talented/Honors programme | <input type="checkbox"/> ESL (English as a Second Language) |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Learning support programme |
| <input type="checkbox"/> Physical or Occupations Therapy | <input type="checkbox"/> Speech/Language Therapy |
| <input type="checkbox"/> Limited vision and/or hearing programme | <input type="checkbox"/> Other remedial programme |
| <input type="checkbox"/> Others: Please specify _____ | |

Has your child ever repeated a grade in school? Yes / No, if yes, which grade? Please explain the circumstances:

Do you anticipate your child needing additional support in any subject areas? (Yes/No), if yes, what specialist(s)?

Has your child ever missed more than ten school days in the school year? (Yes/No), if yes, please explain the circumstances:

Has your child been ever involved in any major case of indiscipline in his/her previous school? (Yes/No), if yes, please mention in details-

H. Languages Spoken at Home:

Mother to Child: _____ Father to Child: _____

Between Siblings: _____ Between Parents: _____

I. Learning Profile:

Has your child ever been tested (or referred for testing) for a Learning, Behavioral, Emotional or Physical Disability: Yes/ No.?

If yes, please describe: _____

J. Student's Medical History (To be completed by parent):

Name of Student: _____

Date of Birth: _____, Blood Group: _____

Please indicate if your child has had any of the followings: Tick "Yes/No" If yes, mention dates.

	No	Yes	Date		No	Yes	Date		No	Yes	Date
Meningitis				Scarlet Fever				Mumps			
Whooping Cough				Measles				Tuberculosis			
Diabetes				Rheumatic Fever				Diphtheria			
German Measles				Poliomyelitis				Chicken Pox			
Epilepsy				Heart Disease				Hepatitis			
Typhoid				Malaria				Dengue			

Health Conditions (Tick "Yes" or "No" to each condition):

Ear/Hearing Problems: Yes, No Emotional Problems: Yes, No Asthma: Yes No

Eye/Vision Problem: Yes, No Migraines: Yes No ADD/ADHD Yes No
(Attention Deficit/Hyperactivity)

Other (Specify): _____

Has your child ever had any serious injuries or surgery? Yes No

If "Yes", please specify: _____

Special Medical Considerations (Indicate "NONE" if this is the case):

Food Allergies:

Does your child have any food allergies? Yes No

If yes, please specify: _____

Medications:

Does your child take any medication on a regular basis? Yes No

If yes, please specify: _____

Does your child have allergy to any medicine? Yes No

If yes, please specify: _____

A qualified in-house nurse will take care of the children with first-aid during school hours.

I certify that all the details provided are accurate and true. I give my permission for **Glenrich International School** to take reasonable action to ensure the safety, health and well-being of my child. I understand that **Glenrich International School** will try to contact me in cases that require medical treatment outside the school. Medical treatment outside the school will have to be paid for by the parent/guardian concerned. I also give my permission for the school to give relevant school administrators medical information regarding my child in cases where it is deemed necessary.

Name (Parent/Guardian): _____, **Relation:** _____

Signature (Parent/Guardian): _____, **Date:** _____

K. Co-curricular Activities:

Co-curricular activities are encouraged as an important part of a student's education. Many takes place outside normal school hours and some entail travel away from the school building. Please sign the following permission for your child to participate. You will receive full details of the activity in advance.

My child has the permission to participate in Co-curricular activities during/outside regular school hours and on/off school premises. My child will be accompanied by an adult to whom the Head of School has delegated authority and responsibility for the care of the student(s).

Name (Parent/Guardian): _____, **Relation:** _____

Signature (Parent/Guardian): _____, **Date:** _____

L. Responsibility:

Glenrich International School undertakes to carry out its educational programmes in the best interest of the student(s). The school reserves the right to deny admission or to exclude a student if inaccurate information regarding that student has been submitted.

Glenrich International School recognizes that a diverse range of students will apply for admission to the school. The students that are invited to join our programmes will be ones that the school has appropriate and adequate resources to meet their needs and who will contribute positively to the **Glenrich International School** community. Admissions are also dependent on space available at the time of enrollment.

Parent's/Guardian's signature below indicates that the information submitted on this application is accurate. Failure to provide complete and accurate information is grounds for re-evaluation of the individual application and review of the student's continued enrollment at **Glenrich International School**. Should my child be accepted, I shall abide by the rules, regulations and policies of **Glenrich International School**.

Name (Parent/Guardian): _____, **Relation:** _____

Signature (Parent/Guardian): _____, **Date:** _____

M. Declaration:

1. Hereby I declare that as the parent and/or lawful guardian of the child I am lawfully entitled and/or authorized to submit this application for his/her admission.
2. I certify that all the details provided in this application form are complete, accurate and true. I agree that if any information supplied is found to be incomplete, inaccurate and/or misleading, the Glenrich International School shall have absolute authority to cancel admission/place of the child at any time, including during any academic year.
3. I know that Application fee is non-refundable and I fully understand that submitting this application form does not bind Glenrich International School to offer admission to the child. Glenrich International School has sole authority to offer a place to the child for admission, which may be given only when a suitable vacancy exists and the child's performance in the Entrance Test/Assessment is satisfactory in accordance with the school norms. I hereby waive my right to read the confidential teacher recommendation for admission purpose.
4. I have been supplied with, read and am fully aware of the school fee details and payment rules of the Glenrich International School, which may be revised, varied, increased or amended by the Glenrich International School from time to time as its sole discretion and all students shall be bound by such revision, variation, increase and amendment. I agree that payment of all outstanding school fee on time is a condition to the child's admission and his/her continuation with the school. I am fully aware that tuition fee and transportation fee (if availed) to be paid quarterly. If payment of the school fees is delayed by 45 (forty-five) days from the due date of fee payment, the Child's name will be struck off from the school rolls.
5. I confirm that I have made satisfactory arrangements for payments of school fee within due dates without waiting for reminders from the school. I will pay the school fee through cash/demand draft/pay order/online transfers to Dutch Bangla Bank Limited, unless otherwise notified in writing; A/C Name: STS Capital Limited-Glenrich International School, A/C No: 147.120.3067 (VAT is chargeable on fees in accordance with government regulations.)
6. I understand that withdrawals of student after payment of full/any fee in the school account would be the sole discretion of the parent/guardian. I have been made aware of and fully understand and agree that any school fee paid to the school will not be refunded under any circumstances.
7. I hereby certify that the date of birth & spellings of the name of my child/ward given in this Application Form are correct to the best of my knowledge and any request for change shall be pursuant to prior compliance of all legal and official formalities to the satisfaction of the school, at any cost and responsibilities. Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ward educated in Glenrich International School, I hereby agree to comply with them in all respects. I agree that the actions, decisions of the management of the Glenrich International School shall be final and binding on all matters relating to admission, education, fees and all other applicable charges and evaluation of the child and in regard to all rules, regulations and procedures. I hereby certify that I shall follow all the rules, regulations & procedures including all amendments thereof, laid down by the school from time to time, and shall procure that my child fully complies with such rules, regulations and procedures. Any interpretation of the rules, regulations and procedures by the management of Glenrich International School shall be final and binding.

I hereby put my signature to confirm the above declarations.

Name (Parent/Guardian): _____, **Relation:** _____

Signature (Parent/Guardian): _____, **Date:** _____

N. For Office Use Only:

Admission Office:

Transfer Certificate: Received _____, Not Received _____

Received, TC No. _____, Date _____

Previous School _____

Passport-size Photograph (Three Copies): Received _____, Not Received _____

Birth Certificate: Received _____, Not Received _____

Other Documents, if any _____

Admission No./USFN No. _____, Grade _____, Section _____, Roll _____, House _____

Signature of Admission Counselor _____, Date _____

Accounts Office:

Admission Fee Tk. _____, Academic Fee Tk. _____

Registration Fee _____, Transportation Fee Tk. _____

Total Amount Received Tk. _____, Date _____

Receipt No. _____

Signature of Accounts _____, Date _____

Approved / Not Approved

Signature of
Principal/Authorized Signatory

Date: _____