



CHITTAGONG GRAMMAR SCHOOL DHAKA

Education for Life

Student Application Form (Elementary)

Campus Address: - House Number: 83, Road Number: 4, Block: B, Banani, Dhaka 1213.

Contact: 01755660850 (Admission Hotline), 01324439779, 01324439777 (Admission), 01324439776 (Accounts)

Email: cgsd.elementary@cgsd.edu.bd Web: www.cgsd.edu.bd

(Official use only)

Form No.

Class:

ID No:

Date:

(Accounts use only)

*Attach four recent
passport size
photographs of
student candidate*

• First name: _____ Last name: _____

Middle name: _____ *(Please use BLOCK LETTERS only)*

• Date of birth (as in passport & birth certificate): _____ / _____ / _____
Date Month Year

• Place and Country of Birth: Place: _____ Country: _____

• Birth Certificate No: _____ & Passport No: _____

• Nationality: _____ (Please attach a copy of the birth certificate. In case of more than one (01) nationality, copies of all supporting documents to be submitted)

• Religion: _____

• Present address: _____

• Permanent address (if different from above): _____

• Requested class: _____ Requested starting date: _____



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- Details of siblings:

- Name: _____ Date of birth: _____
Class: _____ School: _____
- Name: _____ Date of birth: _____
Class: _____ School: _____
- Name: _____ Date of birth: _____
Class: _____ School: _____

- Has the student candidate previously attended any Pre-school/School? Yes / No

- If Yes, please complete the following:

Name of school: _____
From (Date): _____ To (Date): _____

- Has the student candidate ever repeated any class/year? Yes / No

- If Yes, which class/year? _____
- Briefly state the reason: _____

- Has the student candidate participated in any remedial programme? Yes / No

If Yes, please give details

- Is there anything you would like us to know about the student candidate and take into consideration for his/her education in school?

- Who recommended CGS Dhaka?



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Parents' Details

Father

- Name: _____
- Date of birth: _____/_____/_____
Date Month Year
- Educational qualification: _____
 - School: _____
 - College: _____
 - University: _____
- Passport / National ID number: _____
- Email: _____
- Mobile number: _____
- Current occupation: _____ Current designation: _____
- Company name & address: _____

*Attach two recent
passport size
photographs of
Father*

Mother

- Name: _____
- Date of birth: _____/_____/_____
Date Month Year
- Educational qualification: _____
 - School: _____
 - College: _____
 - University: _____
- Passport / National ID number: _____
- Email: _____
- Mobile number: _____
- Current occupation: _____ Current designation: _____
- Company name & address: _____

*Attach two recent
passport size
photographs of
Mother*



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Emergency Contacts (other than parents):

Please give two names for use in school:

- Name: _____
- Phone number: _____
- Relationship to student: _____

- Name: _____
- Phone number: _____
- Relationship to student: _____

During any medical emergency, if the school is unable to contact parents or the emergency contact person(s), CGS will have the school's designated doctor to attend to the student.

I _____ father/ mother of _____ give my consent to the school authority to get medical help from their designated doctors if either of us and emergency contacts are unreachable.

Signed: _____ (Parent/Guardian) Date: _____

Name: _____ (please use **CAPITAL LETTERS**)

Extra Curricular Activities

(Applicable for Class 1 & Class 2 only)

Extra Curricular Activities and visits are encouraged as an important part of a student's education. Many take place outside the regular school hours. Please sign the following to give permission to your child to participate in these activities. You will receive full details in due course.

My child has permission to participate in the school's Extra Curricular Activities, during or outside regular school hours and on and off school premises. He/she shall be supervised by the designated adult/teacher of the school.

Signed: _____ (Parent/Guardian) Date: _____

Name: _____ (Please use **CAPITAL LETTERS**)



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Responsibility: The School

CGS undertakes its educational programme in the best interest of the student(s). The school reserves the right to refuse, suspend or expel any student under its disciplinary policy.

Parents' MUST inform the school's admin office in case the child is unable to attend on that particular day for any reason. The school reserves the right to cancel the admission of any student whose absence has not been notified within two weeks.

Student will be removed/dismissed if inaccurate information regarding the student has been submitted.

The information submitted in this form is accurate, and should my child be accepted, I shall abide by the rules/regulations and the student disciplinary policies of Chittagong Grammar School – Dhaka.

I understand that if my child leaves school without notifying the relevant authority, the security deposit will not be refunded. The security deposit is refundable only upon serving two months notice period.

I have read, understood and agreed to all the above mentioned terms.

Signed: _____ (Parent/Guardian) Date: _____

Name: _____ (please use **CAPITAL LETTERS**)



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Student Medical History

(To be Completed by the Parents)

• **Student Candidate's Blood Group:**

• Please tick if your child has suffered from any of the following. If yes, please attach a doctor's report.

- | | |
|------------------------------------------|------------|
| <input type="checkbox"/> Meningitis | Date _____ |
| <input type="checkbox"/> Scarlet Fever | Date _____ |
| <input type="checkbox"/> Mumps | Date _____ |
| <input type="checkbox"/> Whooping Cough | Date _____ |
| <input type="checkbox"/> Measles | Date _____ |
| <input type="checkbox"/> Tuberculosis | Date _____ |
| <input type="checkbox"/> Hepatitis | Date _____ |
| <input type="checkbox"/> Rheumatic Fever | Date _____ |
| <input type="checkbox"/> Diphtheria | Date _____ |
| <input type="checkbox"/> German Measles | Date _____ |
| <input type="checkbox"/> Poliomyelitis | Date _____ |
| <input type="checkbox"/> Chicken Pox | Date _____ |
| <input type="checkbox"/> Heart Disease | Date _____ |
| <input type="checkbox"/> Kidney Disease | Date _____ |
| <input type="checkbox"/> COVID | Date _____ |

• Any serious injuries or surgeries? Yes / No

○ If Yes, please specify

• Any serious medical, emotional or social condition? Yes / No

○ If Yes, please specify

• Please mention if the child has been diagnosed to have any learning difficulty/delays.



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- Does your child take any medicine regularly? Yes / No

- If Yes,

- Name of medicine _____ For _____

- Name of medicine _____ For _____

- Name of medicine _____ For _____

Written permission for students to take medicine in school must be obtained from the Head of School and clear instructions for its use must be provided with a copy of the prescription. All medicines need to be handed to the school office and will only be administered by responsible adults.

- Does your child wear glasses? Yes / No

- If yes, mention the power: _____

- Does your child suffer from hearing difficulties? Yes / No

- If Yes, please specify _____

- Date of last

- Eye examination ____/____/____

- Hearing examination ____/____/____

- Dental examination ____/____/____

Date Month Year

I confirm that the information given above is authentic.

Signed : _____ (Parent)

Date: _____

Name of parent: _____ (please use **CAPITAL LETTERS**)



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Please submit this form (duely filled) along with the following:

- 4 copies of recent passport size photographs of the student candidate.**
- 1 copy of Birth Certificate and/or Passport of the student candidate.**
- 1 copy of immunization record of the student candidate.**
- 1 copy of Covid Vaccination certificate of the student candidate (if applicable).**
- 1 copy of last Report Card from previous school (if any).**
- Original copy of Transfer Certificate (if appliacble).**
- 1 copy of visa status page for foreign students & Parents.**
- 2 copies of recent passport size photographs of each parent.**
- 1 copy of Passport/or National ID of both parents.**
- 1 copy of Parents TIN Certificate.**
- 1 Copy of Parents visiting/business card.**