



INTERNATIONAL SCHOOL DHAKA



CAR STICKER APPLICATION FORM

Parent's Name _____

Student Details:

1. Name _____ Grade _____

2. Name _____ Grade _____

3. Name _____ Grade _____

4. Name _____ Grade _____

Residence Address: _____

Email: _____

Emergency Phone Number/s to report incidents:

Name

Phone number

1. _____

2. _____

3. _____

Details of Car/s that require an ISD Sticker:

Registration No _____ Make / Model _____ Colour _____ Sticker ID No _____

Registration No _____ Make / Model _____ Colour _____ Sticker ID No _____

Registration No _____ Make / Model _____ Colour _____ Sticker ID No _____

Signature of Applicant : _____

Date: _____

