



Student Application Form

Academic Year:

For Official Use:

Application Number:

Date of Application:

Attach 3 recent
passport-size photos
of student

Student Details:

Student's Name:
First Middle Last

(Please state child's name as it appears on his/her passport and note that all official records will show the above mentioned name)

Name by which the student wishes to be called:

Date of Birth: Sex Male Female

Place of Birth: (City) (Country)

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?

Applying to enter grade: Intended starting date:

Student's Sibling Information:

| Name | Date of Birth | School |
|------|---------------|--------|
| | | |
| | | |
| | | |

Family Details:

Father

Last Name: First Name:
Date of Birth: Place of Birth:
Passport No.: Nationality:
Occupation/Job Title:
Company Name:
Office Address:
.....
Tel: Fax: E-mail:
Home Address:
.....
Tel: Fax: E-mail:
Mobile:

*Attach 2 recent
passport-size photos
of father*

Mother

Last Name: First Name:
Date of Birth: Place of Birth:
Passport No.: Nationality:
Occupation / Job Title:
Company Name:
Office Address:
.....
Tel: Fax: E-mail:
Home Address:
.....
Tel: Fax: E-mail:
Mobile:

*Attach 2 recent
passport-size photos
of mother*

Emergency Contact:

Give names and contact numbers of relatives/friends for use during school day

| Name | Relation to Student | Contact Mobile Numbers |
|------|---------------------|------------------------|
| | | |
| | | |

Student Medical History (to be completed by parent):

Name of Student:

Date of Birth:

Please indicate if your child has had any of the following: 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?

If yes, please specify:

Medications:

Does your child take any medication on a regular basis?

If yes, please specify:

If at any time your son/daughter requires medication during school hours a written request and instructions must be submitted by parents to the Medical Officer/Doctor by 8.00am of that day. In such cases, the medicine will be stored in the Medical Centre and the student must go to the Medical Centre to take the medicine.

I certify that all the details provided are accurate and true. I give my permission for ISD to take reasonable action to ensure the safety, health and well-being of my son/daughter. I understand that ISD will try to contact me in cases that require medical treatment outside the school. I also give my permission for the school to give relevant school administrators medical information regarding my son/daughter in cases where it is deemed necessary.

Parent's signature: **Date:**

Medical Examination Form (to be completed by a physician)

Name of Student:

Date of Birth:

To the Parent:

A medical examination is required prior to admission. Please ask your physician to complete this form and return it to the school together with the application forms.

To the Physician:

Kindly complete the following and note any information which may be relevant to the child's physical, mental, emotional or social well-being.

Please Examine and Note on the Following:

General appearance and behaviour:

General nutrition and eating habits:

Exercise and sleeping habits:

Height: Weight: Pulse:

Blood Group: Birth (eg premature):

Scalp: Eyes & lids: Eyesight:

Teeth & gums: Ears: Hearing:

Nose & Throat: Nodes: Skin:

Cardiac: Lungs: Abdomen:

Genitalia: Bones: Muscles:

Spine: Nervous System:

If any abnormalities are identified, please indicate and attach a report

Please Attach Immunization Record As Follows:

DPT (diphtheria, pertussis, tetanus), Polio, Measles, Mumps, Rubella, TB (Tine/PPD), Hepatitis A, Hepatitis B, Chicken Pox

Physician's signature: Date:

Address: Stamp/Business Card

Student Information:

PREVIOUS SCHOOLS ATTENDED (Please provide copies of records of the last two school years)

Give details of schools attended (list most recently attended school first)

| Name of school | Grade(s) | Location | From | To |
|----------------|----------|----------|------|----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

.....
.....
.....

Mother Tongue:

Other languages spoken:

Student's proficiency in English (Tick one below):

Excellent

Good

Average

Fair

Beginner

Student's Exposure To English:

| | Grade(s) /Age(s) | School(s) /Country |
|--|------------------|--------------------|
| English Medium Schools (all instruction in English) | | |
| Bilingual Schools | | |
| Private Lessons/English Class | | |

Students with beginner level of English will be tested prior to admission to ensure correct placement and support.

Parent's Language Background:

| | Mother | Father |
|-----------------|--------|--------|
| Mother Tongue | | |
| Other languages | | |

Languages Spoken at Home:

Mother to child: Father to child:

Between Siblings: Between parents:

Learning Profile:

1. Has your child ever been tested (or referred for testing) for a learning behavioural, emotional or physical disability? Yes/No

If yes, please describe:

.....
.....

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

- | | |
|--|--|
| <input type="checkbox"/> Gifted/Talented/Honours 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 Occupational 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 advice below: | |

3. Has your child ever repeated a grade in school? Yes/No If yes, which grade?

Please explain the circumstances:

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

5. Has your child ever missed more than ten school days in the school year? Yes/No If yes, please explain the circumstances:

6. Which IT programmes can your child use proficiently? Tick below all that apply:

Word Processing Spread Sheet Power Point MS Paint MS Publisher

Others, please comment:

Please Note: A copy of any student support programmes and assessments needs to be submitted before a student can be accepted at ISD.

Extra-curricular Activities:

Extra-curricular activities are encouraged as an important part of a student's education. Many take 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 permission to participate in extra-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).

Signed: **(Parent/Guardian)**

Date:

Responsibility:

International School Dhaka undertakes to carry out its educational programme in the best interests 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.

ISD recognises 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 ISD community. Admissions are also dependent on space available at the time of enrolment.

Parents' signatures below indicate that the information submitted on this application form 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 enrolment at ISD. Should my child be accepted, I shall abide by the rules, regulations and policies of International School Dhaka.

Signed: **(Parent/Guardian)**

Name: **(Block Capitals)**

Date: