



Cardiff International School Dhaka (CISD)
ADMISSION FORM
Session 2017 – 2018

Attach
one recent
passport size
photograph
here.

Candidate

[Cross mark (X) the boxes wherever necessary. Write names in block letters]

Surname: _____ **First name:** _____

Date of Birth: ____ / ____ / ____ [dd/mm/yyyy] Age: ____ Year ____ Month ____ Day(s)

Gender: Male Female Nationality: _____

Religion: _____ Grade/Class applying for: _____

Previous Study [if applicable]

Name of School: _____

Address: _____

_____ Telephone: _____

e-mail: _____ Fax: _____

Last grade/class: _____ Annual Assessment/ Result: _____

Parents Information

Father's Name: _____ Nationality: _____

Educational Qualification: _____ Profession: _____

Organization: _____ Designation: _____

Business telephone: 1) _____ 2) _____

Yearly Income: BDT _____

Residence Address: _____

_____ Residence telephone: _____

Mobile: _____ Emergency telephone: _____

e-mail: _____ Fax: _____

Mother's Name: _____ Nationality: _____

Educational Qualification: _____ Profession: _____

Organization: _____ Designation: _____

Business telephone: 1) _____ 2) _____

Yearly Income: BDT _____

Residence Address: _____

_____ Residence telephone: _____

Mobile: _____ Emergency telephone: _____

e-mail: _____ Fax: _____

Siblings Information

[Please fill in according to age serial. Do not mention the candidate of this application]

a) Name: _____ M F Age: _____

Student Service/Others Institute/company: _____

b) Name: _____ M F Age: _____

Student Service/Others Institute/company: _____

c) Name: _____ M F Age: _____

Student Service/Others Institute/company: _____

d) Name: _____ M F Age: _____

Student Service/Others Institute/company: _____

Guardian (if other than parents)

Name: _____ Nationality: _____

Relation with the candidate: _____

Educational Qualification: _____ Profession: _____

Organization: _____ Designation: _____

Office telephone: _____ Yearly Income: BDT _____

Residence Address: _____

Telephone: _____ Mobile: _____ Emergency telephone: _____

e-mail: _____ Fax: _____

References (Optional)

1) Name: _____ Nationality: _____

Educational Qualification: _____ Profession: _____

Organization: _____ Designation: _____

Office telephone: _____ Yearly Income: BDT _____

Residence Address: _____

Telephone: _____ Mobile: _____ Emergency telephone: _____

e-mail: _____ Fax: _____

2) Name: _____ Nationality: _____

Educational Qualification: _____ Profession: _____

Organization: _____ Designation: _____

Office telephone: _____ Yearly Income: BDT _____

Residence Address: _____

Telephone: _____ Mobile: _____ Emergency telephone: _____

e-mail: _____ Fax: _____

Health Information of the Candidate

Height: _____ Weight: _____ as on ____ / ____ / ____ [dd/mm/yyyy]

Blood Group: O+ / O- / A+ / A- / B+ / B- / AB+ / AB- [please tick mark as appropriate]

Any physical draw-back: Yes No

If yes, give details: _____

Allergy problem: Yes No

If yes, which of the following need(s) to be avoided?

a. Food: _____

b. Medicines (Group Name): _____

c. Others: _____

Any game / sport the candidate needs to avoid: Yes No

If yes, please explain why:

Feedback

How did you come to know about CISD? [You can tick mark more than one.]

Newspapers Advertisement Friends/Relatives Internet Others

Why have you chosen CISD? _____

What are your expectations from CISD? _____

Do you know anyone from this Institution? Yes No

If Yes, please write the name and designation:

Name: _____ Designation: _____

Declaration

1. All the information stated in the application form is correct.
2. I will submit all the documents school will require for my child's file timely.
3. I accept all school rules and will cooperate with the school in applying them.
4. I will pay the tuition fees on time according to schedule.

By my signature, I understand and affirm the above information

Signature:.....

Date:

Name: _____

Documents Check-list [Please read all information carefully]

Check if you have attached the following information along with the application form

1. Child's valid birth certificate from the hospital or the Municipality or City Corporation.
OR
The child's Transfer Certificate [Date of Birth mentioned from previous school.]
OR
Photocopy of the respective pages of the child's passport or endorsed passport with parents.
OR
2. One recent passport size photograph of each of three persons including the parents, and the person who would come to pick up the student after school. On the back of the photographs please write the name of the person and the relation with the student.
3. One recent passport size photograph of the candidate.

Instructions

1. Application package is available on any working days: Sunday to Thursday.
2. The application processing fee is BDT 500/- (nonrefundable).
3. Written Test / Interview on the following Saturday.
4. The final selections will be made following parent's interview or candidate's performance in the admission test.
5. Admission Test results will be displayed on Monday.
6. Enrolment is from Sunday to Thursday.

For Playgroup and Nursery

- Parents will be interviewed along with the candidate(s).
- Interview timing will be allotted from the admission office.

For KG1 to O/A Level

- Candidate has to sit for a one hour MCQ / Written test.

Cardiff International School Dhaka (CISD)
Admit Card [for Admission Test: Written / Interview]

Admission Test / Interview Date:

Time: am / pm

Admission Pass # _____

Dear candidate, please write your name and address below:

Name: _____

Address: _____

_____ Phone: _____

Attach
one recent
passport size
photograph here.

Please bring this Admit Card for your admission test