

Chittagong Grammar School

ECA Change Request (ECR) Form

Student's full name : _____

Class & section : _____ I.D. _____ Date : _____

Tick Any of The Change Criteria:

Siblings (Both child's ID, Class/Section, ECA name required). Health condition (Dr. certificate required)

Chose ECA Day: Sunday Monday Tuesday

(Note: Taka 1000/- fee will be applicable for all above changing criteria)

Purpose of / Reason for change :

(in case of acceptance new ECA will be chosen by school authority)

Signature of Parent: _____

(For Office Use Only):

Request Accepted , Not Accepted.

New ECA Provided:

ECA: _____ Day: _____ Time: _____

Venue: _____ Dress/Equipment: _____

Applicable from: _____

ECA Coordinator Signature: _____