Form Number (office use only)  Attach four recent passport size photographs

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**Student Application Form**

*Please use BLOCK CAPITAL LETTERS*

- Family name_________________________ First name_________________________
- Date of Birth (as in Passport or Birth Certificate) ________/______/__________
  Date    Month    Year
- Place and Country of Birth__________________________________________
- Nationality_____________________(Please attach a copy of the birth certificate)
- Address____________________________________________________________
  _________________________________________________________________
- Permanent address (if different from above)
  _________________________________________________________________
• Requested class______________ Requested starting date_____________

• Names and Birth Dates of Siblings:
  ○
  ○
  ○ Name_________________ Date of Birth____________ Class________
  ○ Name_________________ Date of Birth____________ Class________
  ○ Name_________________ Date of Birth____________ Class________

• Has the child previously attended school? Yes____ No____
  ○ If Yes, please complete the following:
    Name of School____________________________________________
    From (Date)________________            To (Date)________________

• Has the student ever repeated any year? Yes_____ No____
  ○ If Yes, which year? __________

• Has the student participated in any remedial programme? Yes_____ No____
  ○ If Yes, please give details
    __________________________________________________________________
    __________________________________________________________________

• Is there anything you would like us to know about your child and to take into consideration in his/her education in school?
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

• Why do you want to put your child in CGS?
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

• Who recommended CGS?
  _______________________________________________________________________

  Parents’ Detail

  Father

• Name___________________________________________________________
• Date of Birth_____/_____/______
  Date Month Year
• Educational Qualification__________________________________________
  ○ School__________________________________________________________
o College _____________________________________________________
o University ____________________________________________________

- Current occupation ____________________________________________
- Passport number ______________________________________________
- Email _________________________________________________________
- Phone Number _________________________________________________
- Company name _________________________________________________
- Business address

________________________________________________________________

____________________________________________________________

**Mother**

- Name _________________________________________________________
- Date of Birth _____/_____/_______
  Date Month Year
- Educational Qualification _________________________________________
  o School _____________________________________________________
  o College ____________________________________________________
  o University __________________________________________________
- Current occupation _____________________________________________
- Passport number _______________________________________________
- Email _________________________________________________________
- Phone Number _________________________________________________
- Company name _________________________________________________
- Business address

________________________________________________________________

**Emergency Contact:**

*Please give two names for use in school*

- Name _________________________________________________________
- Phone Number _________________________________________________
- Relationship to the Student ______________________________________

- Name _________________________________________________________
- Phone Number _________________________________________________
- Relationship to the 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.

**Extra Curricular Activities**

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 __________________________

**Responsibility: The School**

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

Parents MUST inform school office in case the child is unable to attend school. The school reserves the right to cancel the admission of any student whose absence has not been notified within two weeks.

Students will be excluded if inaccurate information regarding the student have been submitted.

The information submitted on this form is accurate, and that should my child be accepted, I shall abide by the rules, regulations and the student disciplinary policies of Chittagong Grammar School - Chittagong. I understand that admission fees and other fees paid to school are non-refundable, if the student does not attend or leaves school. If the student leaves school, two months notice in advance for departure/termination is required.

Signed ____________________________ (parent/guardian)
Name ___________________________________________(please use CAPITAL LETTERS)

Date ____________________________________________

**Student Medical History**

Students will be excluded if inaccurate information regarding the student have been submitted.

**(To be Completed by a Parent)**

- Name of Student ____________________________________________
- Date of Birth ______/______/______
  
  Date  Month  Year

- Please tick if your child has suffered from any of the following. If yes, please attach a doctor’s report.
  
  - ☐ Meningitis  Date ________________
  - ☐ Scarlet Fever  Date ________________
  - ☐ Mumps  Date ________________
  - ☐ Whooping Cough  Date ________________
  - ☐ Measles  Date ________________
  - ☐ Tuberculosis  Date ________________
  - ☐ Hepatitis  Date ________________
  - ☐ Rheumatic Fever  Date ________________
  - ☐ Diphtheria  Date ________________
  - ☐ German Measles  Date ________________
  - ☐ Poliomyelitis  Date ________________
  - ☐ Chicken Pox  Date ________________
  - ☐ Heart Disease  Date ________________
  - ☐ Kidney Disease  Date ________________

- Any serious injuries or surgeries? Yes ____  No____
  
  o If Yes, please specify ______________________________________________________

- Any serious medical, emotional or social condition? Yes____  No____
  
  o If Yes, please specify ______________________________________________________

- Does your child take any medicine regularly? Yes_____  No____
  
  o 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. All medicine is to be handed to the school office and will only be administered by responsible adults.

- Does your child wear eyeglasses? Yes____ No____
  - If Yes, for which condition? ______________________________

- Has your child suffered from hearing difficulty? Yes____ No____
  - If Yes, please specify ______________________________

- Date of Last
  - Eye Examination ______/_____/____
  - Hearing Examination ______/_____/____
  - Dental Examination ______/_____/____
    Date  Month  Year

- Please mention if the child has any learning difficulty (e.g. ADD, Dyslexia, ADHD)
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

I confirm that the information given above is accurate.

Signed _________________________ (Parent)

Name of parent _________________________ (Please use CAPITAL LETTERS)

Date _________________________

Please submit this form along with

- 4 copies of recent passport size photos of the student
- 1 copy of birth certificate and passport of the student
- 1 copy of immunization record of the student
- 1 copy of last report card from previous school (if any)