Form No. 24073

EIIN No. 138457

Student ID: _____
(to be filled by office)

Liberty International School

APPLICATION FORM FOR ADMISSION

🌐 www.libertyintschool.edu.bd

Attach one recent passport size photograph here

The Principal
Liberty International School
Pauroshova Road,
South Joypara, Dohar, Dhaka.

This is to request you to kindly register my Son/ Daughter/ Ward for admission to class/STD _____ for Session 202 _____

Student's Details

Surname: _____ Firstname: _____

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

Gender: Male ☐   Female ☐

Student lives with: Both Parents ☐   Father ☐   Mother ☐   Guardian ☐

Religion: _____ Nationality: _____

Residential Address: _____

_____

Previous Study [if applicble]

Name of School: _____

Address: _____

_____ Telephone: _____

E-mail: _____ Fax: _____

Marks/ Grades obtained in the previous class - (applicable for Class I - VIII only)

Subject	Marks	Grade	Percentage
Bangla			
English			
Maths			
Science			
Bangladesh & Global Studies			
Total:			
Achievements in Sports/ Games:			
Other achievement			
Co-curricular activities participated			

Parent's Information

Father's Name: _____ Nationality: _____

National ID No.: _____

Marital Status: Married ☐   Divorced ☐   Widowed ☐   Separated ☐

Educational Qualification: _____ Profession: _____

Occupation: _____ Office Address: _____

Attach one recent passport size photograph here

_____

Organization: _____

Designation: _____

Telephone (Off): _____ Telephone (Res): _____

Mobile: _____ E-mail: _____

Mother's Name: _____ Nationality: _____

Marital Status: Married ☐   Divorced ☐   Widowed ☐   Separated ☐

National ID No.:_____

Educational Qualification: _____ Profession: _____

Occupation: _____ Office Address: _____

_____

Organization: _____

Designation: _____

Telephone (Off): _____ Telephone (Res): _____

Mobile: _____ E-mail: _____

Guardian (if other than parents)

Name: _____ Nationality: _____

Relation with the candidate:_____

National ID No.: _____

Educational Qualification: _____ Profession: _____

Occupation: _____ Office Address: _____

_____

Organization: _____

Designation: _____

Telephone (Off): _____ Telephone (Res):_____

Mobile: _____ E-mail: _____

Sibling Information

No. of Siblings   Student of Liberty Int'l School   Yes☐   No ☐

If no, then the name of other School: _____

Sibling ID:_____ Existing student ☐   No☐

Sibling ID:_____ Existing student ☐   No☐

Health Information of student

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, then give the details: _____

_____

Allergy problem: Yes ☐   No ☐

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

      a. Food:_____

      b. Medicines: _____

      c. Others:_____

Any games / sports the candidate needs to avoid: Yes ☐ No ☐

If yes, please explain why: _____

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 in a timely manner.

     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: _____

Name:_____

Date: _____