



Affix a recent
Passport Size
Coloured Photograph

Southeast Bank Green School

We create opportunities for life-long learning

To Be Filled In By School

Form No. : Session/Year: 20..... to 20.....

Registration No. : Class:

To Be Filled In By Guardian

Information of the Child (In capital letters)

Name of the Child :

Date of Birth / / 20 Place of Birth:

Assumption of Risk

To
The Principal
Southeast Bank Green School

Dear Madam.Sir

1. My child has no health problems.
S(he) has my permission to participate in all Co-curricular activities: GAMES, Sports,
Drama, Excursions etc.

2. My child has health problem(s).
S(he) cannot participate in the following activity/activities:

i) :

ii) :

iii) :

I acknowledge any decisions taken by the School Managing Committee for the development
of my child in all aspects.

Yours sincerely,

Parents Name

Signature

Family Information

Father/Guardian

Name:

Educational Qualification:

Name of the last academic institution:

Designation: Annual Income:

Official Address:

Phone: Cell: e-mail:

Mother

Name:

Educational Qualification:

Name of the last academic institution:

Designation: Annual Income:

Official Address:

Phone: Cell: e-mail:

Number of Children: Son: Daughter:

Proof of Age

We solemnly declare that the date of birth of the child given is as per the birth certificate which can be produced for verification. A certified copy is enclosed. I/we hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation of facts will justify the denial of admission, the cancellation of admission or expulsion. I have read and do hereby consent to the Terms and Conditions being enclosed with the application form for admission. I agree to pay the school fee as per the terms.

Father/Guardian's
Signature

Mother's
Signature

Date

Remarks :

Please submit photocopy of Birth Certificate (Play group & KG section)



Southeast Bank Green School

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