

**Admission Form**



# International School of Mirpur (ISM)

**An English Medium School of Future Leaders**

*We foster Critical thinking, Creativity  
and Problem -solving skills of students.*

Name of Student:.....

Class :..... Roll :.....ID No/Reg :.....


Shift :..... Session :.....Version :.....

**This section is for O Level & A Level**

<input type="checkbox"/> <b>Subject:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

 **Chandrashila House No: 8/4 Road : 1  
Block : D Section : Mirpur 15 Kafrul, Dhaka**

 **01928767902, 01811655022**

 **internationalschoolofmirpurism@gmail.com**

 **<https://www.internationalschoolmirpur.org>**

Form No

## ADMISSION FORM

★ Complete Contact Number And Email Address are Mandatory



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To which class are you applying for admission?

EARLY-I  EARLY-II  EARLY-III  I  II  III  IV  V  VI  VII  VIII  IX  X  XI  XII

**Preferred Shift (For- Ealy-I, Early-II, Early-III, Level - I, II only)**

**First Shift**

**Second Shift**

### Student's Details

Given Name (s) <small>(as in brith registration)</small>	First Name	<input type="text"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>
Nationality	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Current School/College <small>(Applicable from Early-II-IX)</small>	<input type="text"/>					
Student lives with	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian		
Student's Mobile <small>(If applicable)</small>	<input type="text"/>	Email <small>(If applicable)</small>	<input type="text"/>			
Does the Student Have any mental or physical disability/challenge? <small>(If so, Please specify)</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>			
Does the Student have a special medical condition? <small>(If so, Please specify)</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>			

### Father's Details

Full Name	Mr. <input type="text"/>	<input type="checkbox"/> Check here if deceased/dead
Nationality <small>(If non-Bangladeshi, please submit photocopy of work permit)</small>	<input type="text"/>	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Educational Institution <small>(Last attended)</small>	<input type="text"/>	Qualification <input type="text"/>
Occupation	<input type="text"/>	Office Address <input type="text"/>
Organization	<input type="text"/>	
Designation	<input type="text"/>	
Telephone (Office)	<input type="text"/>	Mobile (Office) <input type="text"/>
Telephone (Home)	<input type="text"/>	Mobile (Home) <input type="text"/>
Email (Office)	<input type="text"/>	Email (Personal) <input type="text"/>
Mailing Address <small>(Where all official Communication will be done)</small> (Where all official	<input type="text"/>	
Are you working in MEVSC of EKR English & Academic Institute	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please state your position)	Position <input type="text"/>

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### Mother's Details

Full Name	Mr. <input type="text"/>	<input type="checkbox"/> Check here if deceased/dead
Nationality <small>(If non-Bangladeshi, please submit photocopy of work permit)</small>	<input type="text"/>	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Educational Institution <small>(Last attended)</small>	<input type="text"/>	Qualification <input type="text"/>
Occupation Organization Designation	<input type="text"/> <input type="text"/> <input type="text"/>	Office Address <input type="text"/>
Telephone (Office)	<input type="text"/>	Mobile (Office) <input type="text"/>
Telephone (Home)	<input type="text"/>	Mobile (Home) <input type="text"/>
Email (Office)	<input type="text"/>	Email (Personal) <input type="text"/>
Mailing Address <small>(Where all official Communication will be done)</small> <small>(Where all official</small>	<input type="text"/>	
Are you working in MEVSC of EKR English & Academic Institute	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please state your position)	Position <input type="text"/>

### Guardian's Details

(This section is only applicable if the student does not live with parents)

Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs./Ms.	<input type="text"/>
Nationality	<input type="text"/>	
Relationship to Student	<input type="checkbox"/> Uncle (paternal) <input type="checkbox"/> Uncle (maternal) <input type="checkbox"/> Cousin	<input type="checkbox"/> Aunt (paternal) <input type="checkbox"/> Aunt (maternal) <input type="checkbox"/> Other <small>(please state)</small> <input type="text"/>
	<input type="checkbox"/> Grandparent (paternal) <input type="checkbox"/> Grandparent (maternal)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister
Telephone	<input type="text"/>	Mobile <input type="text"/>
Email (Office)	<input type="text"/>	Email (Personal) <input type="text"/>
Mailing address	<input type="text"/>	

### Sibling Information

No. of siblings	<input type="text"/>	Student of MEVSC	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Mention other School)</small>	<input type="text"/>
Sibling's ID <small>(If studying in MEVSC)</small>	<input type="text"/>	<input type="checkbox"/> Existing student	<input type="checkbox"/> Graduated	
Sibling's ID <small>(If Studying in MEVSC)</small>	<input type="text"/>	<input type="checkbox"/> Existing student	<input type="checkbox"/> Graduated	

List all political, social, charitable or professional organizations to which you (father or mother) belong

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>



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List 2 (two) reference who can verify information about you

Name	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Relationship ID Student	<input type="text"/>

Name	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Relationship ID Student	<input type="text"/>

Attach passport Size photograph (please Do NOT staple photographs).

Students's Photo

Father's Photo

Mother's Photo

Guardian's Photo

### CHECKLIST

- A photocopy of the Birth Certificate & Parents' NID/Passport
- Previous Class Report Card photocopied (if available)
- Photo: Student, father & Mother (2 copies each)
- Nine & Ten (JSC's all papers' photocopy), Eleven & Twelve (SSC's original Academic Transcript & Testimonial)
- Business Card (s) of both father and mother (if available)
- Photocopy of the student's legal custody paper (applicable for divorced/separated parents)
- In the event of demise of natural guardian, please submit the valid guardian certificate issued by competent court of law as per applicable laws.

A complete application from with all the required papers should be submitted to **MEVSE Admission Office** from Saturday to Thursday between 9 to 5pm.

I hereby certify that the information given above are all correct.

\_\_\_\_\_  
Father/Mother's Signature & Date

\_\_\_\_\_  
Student's Signature & Date

\_\_\_\_\_  
Admission Officer's Signature & Date

\_\_\_\_\_  
Accountant's signature

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\_\_\_\_\_  
Principal's Signature & Date