

MASTERMIND

ENGLISH MEDIUM SCHOOL

HOUSE # 5, ROAD # 12 NEW (31 OLD), DHANMONDI R/A., DHAKA TEL: 55026528, 55026529, 58155196, 58153675
HOUSE # 39, GAUSAL AZAM AVENUE, SECTOR # 14, UTTARA MODEL TOWN, DHAKA. TEL: +88 02 8933712
EMAIL: mastermind.dhanmondi@gmail.com, mastermind2uttara@gmail.com



Admission Application Form

SESSION: 20____-20____
(DHANMONDI CAMPUS)

(TO BE FILLED IN BLOCK LETTERS)

Candidate
Photograph
here

STUDENT'S NAME:

DATE OF BIRTH: **RELIGION :**

DD MM YY

NATIONALITY:..... **GENDER :**

FATHER'S NAME:

OCCUPATION (in details):

EDUCATIONAL QUALIFICATION:

CONTACT NO:..... (Off.) (Mob.)

MOTHER'S NAME:

OCCUPATION (in details):

EDUCATIONAL QUALIFICATION:

CONTACT NO:..... (Off.) (Mob.)

RESIDENTIAL ADDRESS:

EMERGENCY CONTACT NO. (FOR SMS SERVICE):

E-MAIL ADDRESS:

ADMISSION FOR CLASS:

REFERENCE:

SCHOOL IN WHICH CHILD IS PRESENTLY STUDYING: (Not applicable for Play Group)

NAME OF SCHOOL	CLASS	SESSION	
		FROM	TO

INFORMATION OF SIBLING STUDYING IN MASTERMIND (IF ANY):

NAME	ID	CLASS	SECTION	ROLL

REQUIREMENTS (to be submitted with the application form):

- 1. ONE PASSPORT SIZE PHOTOGRAPH OF THE CHILD (FOR ALL CLASSES).
- 2. ONE PASSPORT SIZE PHOTOGRAPH OF EACH PARENT (FOR ALL CLASSES).
- 3. BIRTH CERTIFICATE OF THE STUDENT (CITY CORPORATION).
- 4. SUBMIT PHOTOCOPY OF LAST YEAR’S REPORT CARD (NOT APPLICABLE FOR PLAY GROUP).
- 5. TRANSFER CERTIFICATE OF THE STUDENT FROM THE PREVIOUS SCHOOL (AFTER ADMISSION).

- DATE OF SUBMISSION:
- ADMISSION TIMING FROM 9:00 A.M. TO 2:00 P.M. SUNDAY THROUGH THURSDAY.

DATE:

.....
PARENT’S / GUARDIAN’S SIGNATURE

FOR OFFICE USE ONLY:	