

SL: \_\_\_\_\_

An Educational Initiative of



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**DPS STS SCHOOL**  
DHAKA

**Student Application Form for Grade:** \_\_\_\_\_

**Session:** \_\_\_\_\_

**\*\*For fee details, please visit:** <http://www.dpsstdhaka.org/academic-fees>

**For Official Use:**

Academic Year: \_\_\_\_\_

Application Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

(Date Example: 01-Jan-2020)

Attach a scanned copy (through email) / 3 hard copies (in person) of a recent passport-size photograph of the student.

**Student's details:**

Student's Name: \_\_\_\_\_

First

Middle

Last

(Please state child's name as it appears on his/her passport and note that all official records will show the above mentioned name)

Name by which the student wishes to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Male

Female

Place of Birth: (City) \_\_\_\_\_ (Country) \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Passport No: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Does your child hold more than one passport? If yes, please give details: \_\_\_\_\_

With whom does the child live in Dhaka? \_\_\_\_\_

**Student's Sibling Information:**

Name of the child	Date of Birth	School	Grade

## Family Details:

### Father

Attach a scanned copy (through email) / 3 hard copies (in person) of a recent passport-size photograph of the father.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Blood Group: \_\_\_\_\_ Nationality: \_\_\_\_\_  
National ID details: \_\_\_\_\_  
Passport No: \_\_\_\_\_ Issued from: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation/Job Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Res. Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Mother

Attach a scanned copy (through email) / 3 hard copies (in person) of a recent passport-size photograph of the mother.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Blood Group: \_\_\_\_\_ Nationality: \_\_\_\_\_  
National ID details: \_\_\_\_\_  
Passport No: \_\_\_\_\_ Issued from: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation/Job Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Res. Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Emergency Contact:

(Give names and contact numbers of relatives/friends for use during school day/s).

Attach a scanned copy (through email) / 3 hard copies (in person) of a recent passport-size photograph of the person/s.

1. Name	
Relationship with student	
Cell Phone No.	
Address	
Passport No	
Passport Issued from	
Passport Issue Date	
Passport Expiry Date	
National ID Details	
2. Name	
Relationship with student	
Cell Phone No.	
Address	

Attach a scanned copy (through email) / 3 hard copies (in person) of a recent passport-size photograph of the person/s.

**Student Information:**

Passport No	
Passport Issued from	
Passport Issue Date	
Passport Expiry Date	
National ID Details	

PREVIOUS SCHOOL ATTENDED :( Please provide copies of records of the last two school years)  
Give details of schools attended (list most recently attended school first)

Name of the School	Grade(s)	Location	From (Year)	To (Year)

Please describe your child’s strengths and challenges so your child’s teacher(s) will know how best to assist him/her:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother Tongue: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Student’s proficiency in English (Tick one below)

Excellent  Good  Average  Fair  Beginner

Student’s Exposure to English

	Grade(s)/Age(s)	School(s)/Country
English Medium Schools (all instructions in English)		
Bilingual Schools		
Private Lessons/English Class		

Students with beginner level of English will be tested prior to admission to ensure correct placement and support.

Parents languages background	1st language	2nd language
Father		
Mother		

**Languages Spoken at Home:**

Mother to Child: \_\_\_\_\_ Father to Child: \_\_\_\_\_

Between Siblings: \_\_\_\_\_ Between Parents: \_\_\_\_\_

**Learning Profile:**

Has your child ever been tested (or referred for testing) for a learning, Behavioural, Emotional or Physical Disability:  
Yes/No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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**Student's Medical History (To be completed by parent):**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Group: \_\_\_\_\_

**Photocopy of Birth Certificate to be attached herewith.**

Please indicate if your child has had any of the followings: Tick "Yes/No"

If yes, mention dates.

	No	Yes	Date		No	Yes	Date		No	Yes	Date
Meningitis				Scarlet Fever				Mumps			
Whooping Cough				Measles				Tuberculosis			
Diabetes				Rheumatic Fever				Diphtheria			
German Measles				Poliomyelitis				Chicken Pox			
Epilepsy				Heart Disease				Hepatitis			
Typhoid				Malaria				Dengue			

Health Conditions (Tick "Yes" or "No" to each condition):

Ear/Hearing Problems: Yes  No  Emotional Problems: Yes  No  Asthma: Yes  No Eye/Vision Problem: Yes  No  Migraines: Yes  No  ADD/ADHD Yes  No   
(Attention Deficit/Hyperactivity)

Other (Specify): \_\_\_\_\_

Has your child ever had any serious injuries or surgery? Yes  No 

If "Yes", please specify: \_\_\_\_\_

**Special Medical Considerations (Indicate "NONE" if this is the case):****Food Allergies:**

Does your child have any food allergies? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

**Medications:**

Does your child take any medication on a regular basis? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Does your child have allergy to any medicine?

If yes, please specify: \_\_\_\_\_

A qualified in-house nurse will take care of the children with first-aid during school hours.

I certify that all the details provided are accurate and true. I give my permission for DPS STS School Dhaka to take reasonable action to ensure the safety, health and well-being of my son/daughter. I understand that DPS STS School Dhaka will try to contact me in cases that require medical treatment outside the school. Medical treatment outside the School will have to be paid for by the concerned parent. I also give my permission for the school to give relevant school administrators medical information regarding my son/daughter in cases where it is deemed necessary.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Has your child ever received any of the following special service? If yes, tick service(s):**

- |  |   |
|--|---|
| <input type="checkbox"/> Gifted/Talented/Honours programme       | <input type="checkbox"/> ESL (English as a Second Language) |
| <input type="checkbox"/> Counselling                             | <input type="checkbox"/> Learning support programme         |
| <input type="checkbox"/> Physical or Occupations Therapy         | <input type="checkbox"/> Speech/Language Therapy            |
| <input type="checkbox"/> Limited vision and/or hearing programme | <input type="checkbox"/> Other remedial programme           |
| <input type="checkbox"/> Others: Please advise below: _____      |   |

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**Has your child ever repeated a grade in school? Yes/No, if yes, which grade?** \_\_\_\_\_

Please explain the circumstances \_\_\_\_\_

Do you anticipate your child needing additional support in any subject areas? (Yes/No), if yes, what specialist(s)? -

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Has your child ever missed more than ten school days in the school year? (Yes/No), if yes, please explain the circumstances:

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Has your child been ever involved in any major case of indiscipline in his/her previous school? (Yes/No), if yes, please mention in details-

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**Which IT programmes can your child use proficiently? Tick below all that apply:**

Word Processing     Spread Sheet     PowerPoint     MS Paint     MS Publisher

Others please comment: \_\_\_\_\_

**Please Note: A copy of any student support programmes and assessment needs to be submitted before a student can be accepted at DPS STS School Dhaka.**

**Co-curricular Activities:**

Co-curricular activities are encouraged as an important part of a student's education. Many take place outside normal school hours and some entail travel away from the school building. Please sign the following permission for your child to participate. You will receive full details of the activity in advance.

My child has the permission to participate in Co-curricular activities during/outside regular school hours and on/off school premises. My child will be accompanied by an adult to whom the Head of School has delegated authority and responsibility for the care of the student(s).

**Signed:** \_\_\_\_\_ **(Parent/Guardian)**

**Date:** \_\_\_\_\_

**Responsibility:**

DPS STS School Dhaka undertakes to carry out its educational programmes in the best interest of the student(s). The School reserves the right to deny admission or to exclude a student if inaccurate information regarding that student has been submitted.

DPS STS School Dhaka recognizes that a diverse range of students will apply for admission to the School. The students that are invited to join our programmes will be ones that the School has appropriate and adequate resources to meet their needs and who will contribute positively to the DPS STS School Dhaka community. Admissions are also dependent on space available at the time of enrollment.

Parent's signature below indicates that the information submitted on this application is accurate. Failure to provide complete and accurate information is grounds for re-evaluation of the individual application and review of the student's continued enrollment at DPS STS School Dhaka. Should my child be accepted, I shall abide by the rules, regulations and policies of DPS STS School Dhaka.

**Signed:** \_\_\_\_\_ **(Parent/Guardian)**

**Name:** \_\_\_\_\_ **(Block letters)**

**Date:** \_\_\_\_\_

**ISSUE OF APPLICATION FORM DOES NOT GUARANTEE ADMISSION AS SEATS ARE LIMITED.**

1. At the time of admission an attested copy of Municipal Birth Certificate or a Certificate from the School attended (as applicable).
2. Three passport-size photographs will be submitted for School records.
3. Other than Pre-Primary, no admission is complete until Transfer Certificate in original from the last school is submitted.
4. Certificates may be enclosed for proficiency in Games/Co-curricular Activities/Outstanding Achievements (if any)

English	Maths	Bangla	Phy.	Chem.	Bio.	History	Civics	Geography	Art	Any other subject (Please specify)

**DECLARATION:**

- a) Hereby I declare that as the parent and/or lawful guardian of the child I am lawfully entitled and/or authorized to submit this application for his/her admission.
- b) I certify that all the details provided in this application form are complete, accurate and true. I agree that if any information supplied is found to be incomplete, inaccurate and/or misleading, the DPS STS School Dhaka shall have absolute authority to cancel admission/place of the child at any time, including during any academic year.
- c) I know that Application fee is non-refundable and I fully understand that submitting this application form does not bind DPS STS School Dhaka to offer admission to the child. DPS STS School Dhaka has sole authority to offer a place to the child for admission, which may be given only when a suitable vacancy exists and the child's performance in the Entrance Test/Assessment is satisfactory in accordance with the school norms. I hereby waive my right to read the confidential teacher recommendation for admission purpose.
- d) I have been supplied with, read and am fully aware of the School Fee details and payment rules of the DPS STS School Dhaka, which may be revised, varied, increased or amended by the DPS STS School Dhaka from time to time as its sole discretion and all students shall be bound by such revision, variation, increase and amendment. I agree that payment of all outstanding School Fee on time is a condition to the child's admission and his/her continuation with the School. I am fully aware that tuition fee and transportation fee to be paid quarterly. If payment of the School fees are delayed by 45 (forty five) days from the due date of fee payment, the Child's name will be struck off from the School rolls.
- e) I confirm that I have made satisfactory arrangements of for remittance of School Fee within due dates without waiting for reminders from the School. I will pay the School Fee through cash/demand draft/pay order/drafts to Shahjalal Islami Bank Ltd., Uttara Branch or any other Branch, unless otherwise notified in writing; A/C Name: STS Capital Ltd. VAT is chargeable on fees in accordance with government regulations.
- f) I understand that withdrawals of student after remittance of full/any fee in the School account would be the sole discretion of the parent/guardian. I have been made aware of and fully understand and agree that any School fee paid to the School will not be refunded under any circumstances.
- g) I hereby certify that the date of birth & spellings of the name of my child/ward given in this Application Form are correct to the best of my knowledge and any request for change shall be pursuant to prior compliance of all legal and official formalities to the satisfaction of the School, at any cost and responsibilities. Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ward educated in DPS STS School Dhaka, I hereby agree to comply with them in all respects.
- h) I am aware that DPS STS School is an initiative of STS Capital Ltd. which has the sole discretion and unilateral right of making any changes including without limitation to any amendments, modification, supplements, alterations or review of the admission policy, curriculum, board certification, rules, structure or name of DPS STS School at any time, including during, before/after an academic year. I agree that any such actions and/or decisions of the management of STS Capital Ltd and DPS STS School Dhaka shall be final and binding.
- i) I agree that the actions and/or decisions taken by DPS STS School on all matters relating to admission, education, fees and all other applicable charges and evaluation of the child and in regard to all rules, regulations and procedures shall be final and binding. I hereby certify that I shall follow all the rules, regulations & procedures including all amendments thereof, laid down by the School from time to time, and shall procure that my child fully complies with such rules, regulations and procedures. Any interpretation of the rules, regulations and procedures by the management of DPS STS School Dhaka shall be final and binding.
- j) I hereby put my signature to confirm the above declarations.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place \_\_\_\_\_

Name in full (Block Letters): \_\_\_\_\_

Address: \_\_\_\_\_

**For Office Use Only**

**Admission Office:**

Transfer Certificate: Received \_\_\_\_\_ Not Received \_\_\_\_\_

If received, TC No. \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Passport-size Photograph (Three Copies):

Received \_\_\_\_\_ Not Received \_\_\_\_\_

Other Documents, if any \_\_\_\_\_

Admission No \_\_\_\_\_ Grade \_\_\_\_\_ Section \_\_\_\_\_ House \_\_\_\_\_

Admission Office \_\_\_\_\_

Date \_\_\_\_\_

**Accounts Office:**

Admission Fee Tk. \_\_\_\_\_

Academic Fee Tk. \_\_\_\_\_

Transportation Fee Tk. \_\_\_\_\_

Total Amount Received Tk. \_\_\_\_\_

Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

Signature of A/C Executive/Manager Accounts: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Authorized Signatory  
Approved/Not Approved