



# Islamia Shishu Academy

Khalpar-Islampur, Kanchan, Rupganj, Narayanganj

Mobile: 01897719360

## Student Admission Form

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

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

Gender (Male/Female): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Guardian's Contact Number: \_\_\_\_\_

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

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

Previous School/Institution: \_\_\_\_\_

Class Applied For: \_\_\_\_\_

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

### Declaration:

I hereby declare that all the information provided in this form is true and correct to the best of my knowledge. I understand that any false information may lead to the cancellation of admission.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_