



Admission Form



SL:



Which Year are You Applying for Admission?

☐ PG
 ☐ NUR
 ☐ KG I
 ☐ KG II
 ☐ YEAR 1
 ☐ YEAR 2
 ☐ YEAR 3
 ☐ YEAR 4
 ☐ YEAR 5

Student Application Form for Year :

A. For Official Use:

Academic Session: Application No.

Date of Application:

Signature & Seal

Attach 3 recent
passport-size
photographs of the
student.

B. Student's Details:

Student's Name (English):

First Middle Last

(Please write the student's name in BLOCK LETTERS exactly as it appears on the Birth Certificate or Passport.)

Student's Name (Bangla):

Date of Birth: Gender: ☐ Male ☐ Female

Birth Certificate No. :

Place of Birth: City - Country -

Religion: Nationality:

Student Living With ☐ Father ☐ Mother ☐ Both Parents ☐ Guardian

If the student resides in Dhaka without both parents, please provide details of the Legal Guardian (if applicable).

Passport No: Issue Date: Expiry Date:

Does the student hold more than one passport? ☐ Yes ☐ No

If yes, please provide details:

C. Student's Sibling Information:

Name of The Child	Date of Birth	School	Year

D. Parents' Details:

2. Father

First Name:										Last Name:									
Date of Birth:		D	D	M	M	Y	Y	Y	Y	Place of Birth:									
Nationality:										Blood Group:									
NID No:										Passport No:									
Educational Qualification:										Occupation/Designation:									
Organization/Company Name:										Office Address:									
Home Address:										Residential Telephone:									
Mobile Number: +880										WhatsApp Number:									
e-TIN:										Email Address:									
Marital Status:										☐ Married ☐ Single ☐ Divorced ☐ Widowed									

2. Mother

First Name:										Last Name:									
Date of Birth:		D	D	M	M	Y	Y	Y	Y	Place of Birth:									
Nationality:										Blood Group:									
NID No:										Passport No:									
Educational Qualification:										Occupation/Designation:									
Organization/Company Name:										Office Address:									
Home Address:										Residential Telephone:									
Mobile Number: +880										WhatsApp Number:									
e-TIN:										Email Address:									
Marital Status:										☐ Married ☐ Single ☐ Divorced ☐ Widowed									

(Please provide the details of two relatives or trusted individuals who may be contacted in case of emergency during school hours.)

[illegible][illegible]

(Please list schools attended, beginning with the most recently attended school. Copies of report cards/transcripts for the last two academic years must be attached.)

[illegible]

G. Additional Information:

Mother Tongue: ☐ Bangla ☐ English ☐ Other (Specify) -

Other languages spoken:

Student's English Language Proficiency: (Tick one below)

☐ Excellent ☐ Good ☐ Average ☐ Fair ☐ Beginner

Has your child ever received any of the following support services? If yes, please tick all applicable services:

- | | |
|---|--|
| ☐ Gifted & Talented Programme | ☐ English as a Second Language (ESL) |
| ☐ Counselling Services | ☐ Learning Support Programme |
| ☐ Occupational Therapy | ☐ Speech and Language Therapy |
| ☐ Vision and/or Hearing Support Programme | ☐ Remedial Support Programme |
| ☐ Other: Please specify | <input type="text"/> |

Has your child ever repeated a grade/year? ☐ Yes ☐ No

If yes, please provide details:

Do you anticipate your child requiring additional academic support? ☐ Yes ☐ No

If yes, please specify:

Has your child missed more than 10 school days in any academic year? ☐ Yes ☐ No

If yes, please explain:

Has your child ever been involved in a serious disciplinary matter at a previous school?

☐ Yes ☐ No

If yes, please provide details:

H. Language Spoken at Home:

Mother to Child:

Father to Child:

Between Parents:

Between Siblings:

I. Learning Profile:

Has your child ever been assessed or referred for assessment relating to a learning, behavioural, emotional, or physical difficulty? ☐ Yes ☐ No

If yes, please provide details:

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

Name of Student:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Blood Group:

Family Doctor:

Emergency Contact Number:

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			
Dengue				Poliomyelitis				Chicken Pox			
Epilepsy				Heart Disease				Hepatitis			
Typhoid				Malaria				Other			

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 a serious illness, injury, or surgery?

☐ Yes

☐ No

If yes, please provide details:

Special Medical Considerations: (Write "None" if not applicable.)

Medications:

Does your child take any regular medication?

☐ Yes

☐ No

If yes, please specify:

Food Allergies:

Does your child have any food allergies?

☐ Yes

☐ No

If yes, please specify:



Does your child have allergy to any medicine? ☐ Yes ☐ No

If yes, please specify:

K. Co-Curricular Activities:

Please indicate/tick areas of interest:

- | | |
|--------------------------------|--|
| ☐ Sports | ☐ Debate |
| ☐ Music | ☐ Drama |
| ☐ Art | ☐ Public Speaking |
| ☐ Robotics | ☐ Community Service |
| ☐ Coding | ☐ Environmental Club |
| ☐ STEAM | ☐ Other |

Please specify achievements, awards, or special talents:

L. Medical Authorization and Consent:

I certify that all information provided in this application form is complete, accurate, and true to the best of my knowledge. I authorize STEAMBRIDGE International School to take all reasonable measures necessary to ensure the safety, health, and well-being of my child while under the School's care.

I understand that the School will make every reasonable effort to contact me or the designated emergency contact in the event that my child requires medical attention beyond the scope of routine first aid. Any costs associated with medical treatment, hospitalization, transportation, or related services outside the School shall be the responsibility of the parent/guardian.

I further authorize the School to share relevant medical information concerning my child with appropriate School personnel, healthcare professionals, or emergency responders when deemed necessary for the health, safety, and welfare of my child.

Name (Parent/Guardian):

Relation:

Signature (Parent/Guardian):

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

M. Club & Co-curricular Activities:

STEAMBRIDGE International School recognizes co-curricular activities as an integral part of a student's holistic development. Many activities may take place beyond regular school hours and, on occasion, may involve travel outside the School premises.

I hereby grant permission for my child to participate in approved clubs, co-curricular activities, educational visits, competitions, and related events organized by the School, whether conducted during or outside regular school hours and on or off School premises.

I understand that advance information regarding such activities will be provided whenever applicable and that my child will remain under the supervision of authorized School personnel or designated representatives entrusted with responsibility for student welfare and safety.

Name (Parent/Guardian):

Relation:

Signature (Parent/Guardian):

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

N. Responsibility and Acknowledgement:

STEAMBRIDGE International School is committed to delivering its educational programmes in the best interests of its students. The School reserves the right to refuse admission, withdraw an offer of admission, or discontinue enrolment if any information provided during the admissions process is found to be false, incomplete, inaccurate, or misleading.

The School welcomes applications from students of diverse backgrounds and abilities. Admission decisions are based on the School's ability to meet the educational needs of the applicant, the student's potential to contribute positively to the School community, successful completion of admission requirements, and the availability of places.

By signing below, I confirm that all information provided in this application is accurate and complete. I understand that failure to disclose relevant information may result in the review, suspension, or cancellation of my child's admission or enrolment.

Any interpretation of the School's rules, regulations, policies, and procedures by the Management of STEAMBRIDGE International School shall be final and binding.

I authorize STEAMBRIDGE International School to use photographs, videos, and academic achievements of my child for educational, promotional, and official School publications.

Name (Parent/Guardian): Relation:

Signature (Parent/Guardian): Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

O. Declaration:

1. I declare that I am the parent and/or lawful guardian of the child and am duly authorized to submit this application for admission.
2. I certify that all information and supporting documents submitted with this application are complete, accurate, and true. I understand that the School reserves the right to cancel or withdraw admission at any time if any information is found to be false, misleading, or incomplete.
3. I understand that the Application Fee is non-refundable and that submission of this application does not guarantee admission. Admission is subject to assessment results, interviews (where applicable), availability of places, and compliance with School admission requirements.
4. I acknowledge that I have read and understood the School's fee structure, payment schedule, and financial policies. I understand that these may be revised by the School from time to time and that all enrolled students shall be subject to such revisions.
5. I understand that the timely payment of all School fees is a condition of admission and continued enrolment. Tuition fees and transportation fees (if applicable) shall be payable according to the School's approved fee schedule. Failure to pay fees within the stipulated period may result in suspension of services, withholding of academic records, or withdrawal of enrolment.
6. I understand that fees paid to the School are subject to the School's refund policy and that any withdrawal of a student shall be governed by the applicable withdrawal procedures and financial regulations of the School.
7. I certify that the spelling of my child's name and the date of birth stated in this application are correct. Any future request for amendment shall require submission of appropriate legal documentation and approval by the School.



8. I confirm that I have read the School Prospectus, Parent Handbook, admission requirements, and applicable policies. I agree to comply with all School rules, regulations, policies, and procedures, including any amendments made from time to time.
9. I acknowledge that decisions made by the School Management regarding admission, placement, assessment, fees, student welfare, discipline, and interpretation of School policies shall be final and binding.
10. Any interpretation of the School's rules, regulations, policies, and procedures by the Management of STEAMBRIDGE International School shall be final and binding.

Name (Parent/Guardian): **Relation:**

Signature (Parent/Guardian): **Date:**

How Did You Learn About STEAMBRIDGE International School? (Please tick all applicable options.)

- | | |
|--|---|
| ☐ Social Media (Facebook, YouTube, LinkedIn, etc.) | ☐ SMS |
| ☐ School Website | ☐ Robotics Club |
| ☐ Friends & Family | ☐ Educational Fair/Event |
| ☐ Existing STEAMBRIDGE Parents | ☐ Newspaper/Magazine |
| ☐ Banner/Billboard | ☐ Other (Please Specify): _____ |

Photo Attachments

Attach Passport size photographs (please DO NOT staple photographs)

Attach 3 recent passport-size photographs	Attach 3 recent passport-size photographs	Attach 3 recent passport-size photographs	Attach 3 recent passport-size photographs	Attach 3 recent passport-size photographs
Student's Photographs	Father's Photographs	Mother's Photographs	Legal Parent's / Guardian's Photographs	Escort Person's Photographs

Certification

I/We hereby certify that all information provided in this application form and all supporting documents submitted are true, complete, and accurate to the best of our knowledge.

Father's Signature & Date

Mother's Signature & Date

Legal Parent's / Guardian's
Signature & Date (if applicable)

Authorized
Escort person Signature & Date

Parent's Signature & date

Accounts Officer's Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Admission Status: ☐ Approved ☐ Not Approved

Principal/Authorized Signatory

Date

R. Checklist:

Please submit the following documents along with the completed application form:

- ☐ Three (3) recent passport-size photographs of the student.
- ☐ Attested photocopy of the student's Birth Certificate or Passport.
- ☐ Academic report cards/transcripts for the previous three academic years (where applicable).
- ☐ Original Transfer Certificate (TC) from the previous school (except Early Years applicants).
- ☐ Photocopy of Vaccination and Immunization Records.
- ☐ Copies of certificates, awards, achievements, and co-curricular accomplishments (if applicable).
- ☐ Details of the authorized escort person(s) for student pick-up and drop-off, including photograph, mobile number, and NID copy, duly authorized by the parent(s)/guardian(s).
- ☐ Business cards of both parents (if available).
- ☐ Letter of Authorization for the Legal Guardian (if applicable).
- ☐ Photocopy of Work Permit of Father/Mother (for Non-Resident Bangladeshis).
- ☐ Legal Custody Documents (for divorced, separated, or legally appointed guardians).
- ☐ Photocopies of National ID Cards of Father, Mother, or Legal Guardian.
- ☐ Photocopies of e-TIN Certificates of Father, Mother, or Legal Guardian.
- ☐ One recent passport-size photograph each of Father, Mother, and/or Legal Guardian.



SCIENCE



TECHNOLOGY



ENGINEERING



ARTS



MATHEMATICS



The Premium Smart City, Ashulia Model Town, Dhaka -1340



+88 01339-949981



info@steambridge.org



www.steambridge.org



facebook.com/steambridge.sis

