EDUGATES INTEGRATED SCHOOL

Faith · Wisdom · Revival · Impact

ADMISSION FORM

Student Online Admission Form

Academic Year 2026 – 2027 | Please fill out all sections carefully using BLOCK LETTERS

INSTRUCTIONS

1. Please fill the form in BLOCK LETTERS using a black/blue pen.
2. All fields marked with (*) are mandatory.
3. Attach a recent passport-size photograph of the student.
4. Submit with photocopies of Birth Certificate & previous marksheet.
5. Submit the completed form at the school office or email to info@edugates.school along with required documents.

AFFIX STUDENT'S RECENT PHOTO

(Passport size)

1 Student Information

Basic information of the applicant

FULL NAME (as per Birth Certificate) *

GENDER *

◯ Boy ◯ Girl

DATE OF BIRTH *

DD / MM / YYYY

NATIONALITY *

RELIGION *

BLOOD GROUP *

A+ / A- / B+ / B- / AB+ / AB- / O+ / O-

BIRTH CERTIFICATE NO. *

2 Academic Information

Class & previous education

APPLYING FOR CLASS *

☐ Tiny Tots ☐ KG-1 ☐ KG-2 ☐ KG-3 ☐ STD-1 ☐ STD-2 ☐ STD-3 ☐ STD-4

ACADEMIC YEAR *

◯ 2026 – 2027 ◯ 2027 – 2028

LAST INSTITUTE ATTENDED

LAST CLASS ATTENDED

RESULT / GRADE

REASON FOR LEAVING PREVIOUS SCHOOL

EXTRACURRICULAR INTERESTS (sports, arts, debating, etc.)

3 Health & Special Needs

Medical info for child's safety & care

ANY DISABILITY *

◯ Yes ◯ No

TYPE OF DISABILITY (if applicable)

SPECIAL CARE REQUIRED

REGULAR MEDICATION

4 Parent / Guardian Information

Father, Mother, Address & Guardian

FATHER'S INFORMATION

FATHER'S NAME * (same as student's birth certificate)

FATHER'S CONTACT NUMBER * | **FATHER'S EMAIL**

FATHER'S EDUCATIONAL QUALIFICATIONS

MOTHER'S INFORMATION

MOTHER'S NAME * (same as student's birth certificate)

MOTHER'S CONTACT NUMBER * | **MOTHER'S EMAIL**

MOTHER'S EDUCATIONAL QUALIFICATIONS

ADDRESS INFORMATION

PRESENT ADDRESS *

PERMANENT ADDRESS *

GUARDIAN (PRIMARY) *

○ Father ○ Mother ○ Other *(If Guardian other than Father/Mother — fill below)*

GUARDIAN'S NAME | **RELATIONSHIP WITH STUDENT**

GUARDIAN'S CONTACT NUMBER | **GUARDIAN'S EMAIL**

GUARDIAN'S PRESENT ADDRESS | **GUARDIAN'S PERMANENT ADDRESS**

5 Emergency Contact

Whom to contact in case of urgency

CONTACT NAME * | **RELATION *** | **PHONE NUMBER ***

6 Parent Partnership Charter

Shared commitment to child's growth

I am agreed with Edugates Parent Partnership Charter *

By agreeing, you acknowledge that you have read & commit to uphold the partnership principles between home and school.

Full charter available at: www.edugates.school/parent-partnership-charter

○ Yes ○ No

✦ DECLARATION

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

FATHER / MOTHER / GUARDIAN'S SIGNATURE | **DATE** | **PLACE**

FOR OFFICE USE ONLY: Application No.: _____ Received By: _____

Date of Receipt: _____ Status: _____ Remarks: _____

SUBMIT TO: Edugates Integrated School Office | Dhaka, Bangladesh

info@edugates.school **01410247727** **www.edugates.school**