

SOCIETY FOR REHABILITATION OF AUTISTIC CHILDREN

Admission Form

Please fill this form using in block letters

Applicant Information

Name		
Sex		
Date of birth		
Blood group		
Religion		
Nationality		
Shift:	1 st Shift(09:00-01:00)	2 nd Shift(01:00-5:00)
Residential Address:		
Telephone:	Mobile:	

G/22,Block-E,Zakir Hossain Road
Ph : 02-9104382
cell : 01721599288 01711640641
E mail : rehab.srac@gmail.com

Parent's Information

Father Name	
Occupation	
Company name	
Position held	
Yearly Income	
Tel:	E-mail:
Mobile :	
Mother Name	
Occupation	
Company name	
Position held	
Yearly Income	
Tel:	E-mail:
Mobile :	

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EMERGENCY CONTACT DETAILS

Relationship with the student	
Name	
Tel:	Address:
Mobile:	

PERSON/PERSONS PICKING UP

Relationship with the student	
Name	
Tel:	E-mail:
Mobile:	

Photo of the
person
Authorized to
pick up and
drop

Photo of the
person
Authorized to
pick up and
drop

Photo of the
person
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I certify that the information given in this application is full and complete to the best of my knowledge. I understand that if I fail to provide accurate information for this application, SRAC reserves the right to restrict entry into or withdraw a place from the school.

Guardian's name :

Sign :

Date :

This application must be signed by the parent and submitted in original form, together with documents listed below.

- ❖ Copy of Birth Certificate
- ❖ Six passport-sized photograph are attached to this applicant.
- ❖ One combined family photograph.
- ❖ Parents voter ID photocopy.
- ❖ Parents 3+3 passport sized photograph.

Applications by fax, e-mail will not accepted.

Please submit application to Admission office of the organization.

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