



# KIDS CLUB

Teacher Development Institute (TDI)  
80/c Asad Avenue, Mohammadpur, Dhaka

Photo

## ADMISSION FORM

☐ Junior Group ☐ Senior Group

Child's Name: ..... M ☐ F ☐

Date of birth: ..... Age: ..... years

Mother's Name: .....

Mother's Education: ..... Occupation: .....

Father's Name: .....

Father's Education: ..... Occupation: .....

Present Address: .....

.....

.....

Permanent Address: .....

.....

Height: ..... Weight: ..... On: .....

Blood Group: .....

**Phone No(s):**

Residence:

Mobile:

Office:

Emergency:

**1. Major complains (please tick ✓ one or more) :**

- |                        |                          |                         |                          |
|------------------------|--------------------------|-------------------------|--------------------------|
| Unruly                 | <input type="checkbox"/> | No interest in school   | <input type="checkbox"/> |
| Have speech Problem    | <input type="checkbox"/> | Have reading difficulty | <input type="checkbox"/> |
| Weak in Math           | <input type="checkbox"/> | No interest in Science  | <input type="checkbox"/> |
| No interest in writing | <input type="checkbox"/> | Low attention span      | <input type="checkbox"/> |
| Low intelligence       | <input type="checkbox"/> | Destroy things          | <input type="checkbox"/> |
| Attacks other          | <input type="checkbox"/> | Hyperactive             | <input type="checkbox"/> |
| Too much introvert     | <input type="checkbox"/> | Have no problem         | <input type="checkbox"/> |

**2. Other special problem (describe if any):**

**3. Academic information:**

Reads in class: Do not go to school: ☐

Name of school:

Name of previous schools: 1.

2.

3.

**4. Major interest in activities:**

- |                  |                          |                   |                          |
|------------------|--------------------------|-------------------|--------------------------|
| Play with toys   | <input type="checkbox"/> | Play outside home | <input type="checkbox"/> |
| Watch TV program | <input type="checkbox"/> | Computer games    | <input type="checkbox"/> |
| Art work         | <input type="checkbox"/> | Music             | <input type="checkbox"/> |
| Craftsmanship    | <input type="checkbox"/> | Reading           | <input type="checkbox"/> |
| Talking          | <input type="checkbox"/> | Nothing special   | <input type="checkbox"/> |

Date of admission:

Parent's signature and date