

ACADEMIC YEAR 2026-2027**ADMISSION PROCEDURES****The students are to submit the following documents:**

1. **Admission Form:** Completed and signed by the Parent or Guardian with 3 (three) recent photographs of Student and one photograph of each guardian.
2. **Health Card:** To be completed by a registered physician, duly signed and sealed.
3. **Photocopy of immunization/Vaccination Card.**
4. **Photocopies of Passport** of Student, Father and Mother (including current visa page).
5. **Photocopies of resident card** of Student, Father and Mother.
6. **Photocopy of birth certificate** issued by R.O.P or Bangladesh Gov't Authority (Birth certificate issued by hospital/Clinics will not be acceptable)
7. **Transfer Certificate** issued by previous school (mandatory for Grade 5 and above).
8. **Photocopy of Statement of Results.**

Upon verification of the above documents and acceptance by the admission officer, the fees should be paid in the Accounts Office.

Please note that a student can attend classes only after the receipt of all the above-mentioned documents and full payment of fees.

Textbooks can be purchased from the school book store after admission.

List of books with price and book issue schedule will be available in the School Office.

Notebooks will be given by the class teachers.

We welcome you to the family of Bangladesh School Muscat. If we can assist you in any way, please feel free to contact the School Office in person or by phone at **+968 71112647**



Please affix a
Photograph of
Student here

ADMISSION FORM

Academic Year:

Registration No:

Form No:

Please affix a
Photograph of
Parents here

Class:	Section:	House:
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Full Name of the student	
First Name	
Last Name	
Date of Birth	
Nationality	
Religious Affiliation	
Blood group	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Name	
Father's Passport No	
Father's Qualification	
Mother's Name	
Mother's Passport No	
Parent's Email ID	
Parent's Occupation	
Parent's Yearly Income	



Address (Residence)	House No:	Way No:
	Phone:	
Address (Permanent) as per passport		
Contact Number		
Mother Tongue		
Other Language Known		

SIBLINGS (in this school, if any)

1. Reg. No: Name: Class:

2. Reg. No: Name: Class:

3. Reg. No: Name: Class:

Name & address of school (Attended last):

Does the student have any extracurricular interest?

Does the student need any special attention?

Signature & Date

.....
Student

.....
Father

.....
Mother



PART: 1

(For office use only)

DATE OF ADMISSION TEST:

TESTED FOR CLASS:

ADMITTED IN CLASS:

DATE OF ADMISSION:

REMARKS (IF ANY):

.....
Director of Student Affairs

.....
Edexcel Exam Officer

PART: 2

(For BSM Students Only)

Discipline Record:

Previous Class Teacher

Section Head

PART: 3

(Final Approval)

Approved / Not Approved

Principal

HEALTH CARD

Please affix a
Photograph of
Student here

Academic Year:

Bangladesh School Muscat requires that students have a physical examination as part of the initial registration procedure. The result of the examination must be submitted to the school office with the Admission Form. Please have the form below filled in by a registered physician.

Reg No:
Name of Student: Year/Class:
Date of Birth: Place of Birth: Gender:
Nationality: Parent's Contact Number:

Appearance:

Built: Height: Weight:
Pulse Rate: Blood Group:

Please tick the following

Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cyanosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jaundice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Allergy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oedema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fainting Spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hemophilia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tonsillitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Drug Allergy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name the drug (if any).....

Past Medical History (Family)

Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Dyspraxia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

On Examination

Heart:Lungs:
 Abdomen:Glands:
 Skin:Dental:
 Eyes (glasses): Ear (hearing loss):

Locomotors System

Neck:Hip Joint/Femur:
 Shoulders:Knees:
 Upper Limbs:Legs/Ankles/Feet:
 Spine: Limb Length Discrepancy:

Immunization Status:

Date	Age	Vaccines & Vit. (A)	Yes
	Birth	B.C.G, HBV	
	2 Months	Hexa (DTP, Hep-B, Hib, IPV) PCV 1-13	
	4 Months	Hexa (DTP, Hep-B, Hib, IPV). PCV 1-23 OPV (extra dose)	
	6 Months	Penta (DTP, Hep-B, Hib) OPV	
	12 Months	Vit. A' 100,000 IU. M.M.R-1 Varicella	
	13 Months	PCV 13- Booster	
	18 Months	M.M.R-2, DTP- Booster, OPV Booster, Vit-A: 200,000 IU	
	18 Months	18 Months	
	Class I	DT children + OPV	
	Class VI	DT + OPV	

Any Parents Illness.....

Fit (Yes) (No)

If unfit, please state reasons:

.....

Stamp

Signature of Doctor

MOE CENSUS DATA

Name:Grade & Section.....

The following information is required to update the MOE Census Data.

- Student's, Father's and Mother's Valid Civil Number
- Student's, Father's and Mother's Valid Visa Number
- Residential Address
- Electricity account number

You are kindly requested to submit correct information as per above mentioned data.

	Civil Number	Visa Number	Full Name	Electricity Account Number	Residential Address
Student					
Father					
Mother					

Father's Signature:

Mobile Number:



Acknowledgement of the Documents

Academic Year:

Please affix a
Photograph of
Student here

Class of Admission:

Student's Full Name:

Date of Birth:Nationality:

Religious Affiliation: Gender:

Father's Name:

Father's Qualification:

Parent's Occupation:Yearly Income:

Mother's Name:Passport No:

Contact No: Father: Mother:

FOR OFFICE USE ONLY

1. Photographs of the Students & Parent: Yes No
2. Health Card: Yes No
3. Photocopy of Immunization/Vaccination Card: Yes No
4. Student Passport Copy: Yes No
5. Father's Passport Copy & Resident Card: Yes No
6. Mother's Passport Copy & Resident Card: Yes No
7. Photocopy of student's Birth certificate: Yes No
8. Transfer certificate of previous school: Yes No
9. Census form (dully filled up): Yes No
10. Any Others: Yes No

Date: Admission In charge Signature: