

Chittagong Grammar School

ECA Change Request (ECR) Form

Student's full name _____

Class & section _____ I.D. _____ Date _____

Tick Any of The Change Criteria:

Siblings (cousins are not allowed), Health condition (Dr. certificate required) Transport Issue

(Note: Taka 1000/- fee and 10% mark deduction will be applicable for all above changing criteria except Siblings.)

Purpose of / Reason for change :

Signature of Parent: _____

(For Office Use Only):

Request Accepted , Not Accepted

(in case of acceptance new ECA will be chosen by school authority)

ECA Coordinator Signature: _____

New ECA Provided:

ECA: _____ Day: _____ Time: _____

Venue: _____ Dress/Equipment: _____

Applicable from: _____