



DAKSHINI BENGALI ASSOCIATION OF CALIFORNIA

A Non-Profit Tax-Exempt Organization
www.dakshini.org

BANGLA SCHOOL STUDENT REGISTRATION FORM

STUDENT NAME: _____

STUDENT AGE: _____

STUDENT'S GRADE IN FALL 2010: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

EMAIL ADDRESS: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

MAILING ADDRESS: _____

Does the child speak any Bengali? ___ Yes ___ No

Can the child read any Bengali? ___ Yes ___ No

Can the child write in Bengali? ___ Yes ___ No

Do you speak Bengali at home? ___ Yes ___ No

Signature of Person completing form: _____

Dated: _____