



## REGISTRATION FORM

### STUDENT INFORMATION

Learner Reference No. (LRN): \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
MM/DD/YYYY

Place of Birth: \_\_\_\_\_ Citizenship / Passport: \_\_\_\_\_

Home Address: \_\_\_\_\_

Landline No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### SCHOLASTIC INFORMATION

Last School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Last month/year attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Landline no.: \_\_\_\_\_ Fax no. \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_



**Diagnosis/ Condition:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Tel. no.:** \_\_\_\_\_ **Fax no.** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current External Services:**

<b>EXTERNAL SERVICES</b>	<b>SPEECH THERAPY</b>	<b>OCCUPATIONAL THERAPY</b>	<b>APPLIED BEHAVIOR ANALYSIS (ABA)</b>
<b>Clinic</b>			
<b>Address</b>			
<b>Landline No.</b>			
<b>Fax. No.</b>			
<b>Cell phone No.</b>			
<b>Email Address</b>			
<b>Year Started</b>			

**Other:**

**Clinic:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Landline no.:** \_\_\_\_\_ **Fax no.:** \_\_\_\_\_ **Cell phone no.:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Year Started:** \_\_\_\_\_

## FAMILY INFORMATION

PARENTS	FATHER	MOTHER
Name:		
Address:		
Landline No.:		
Cell phone No.:		
Email Address:		
Occupation:		
Company:		
Company Phone No.:		
Company Fax No.:		
Company Email Address:		

SIBLINGS	
Name:	
Age:	
Name of School:	
Grade:	

LEGAL GUARDIAN	(In the absences of both parents)
Name:	
Relationship:	
Address:	
Landline No.:	
Cell phone No.:	
Email Address:	
Occupation:	
Company:	
Company Phone No.:	
Company Fax No.:	
Company Email Address:	

*Please attach the necessary document(s) (ie. Affidavit, Authorization Letter, Special Power of Attorney /SPA) that will serve as proof that you are the assigned legal guardian of the child and with this you agree that you are held responsible of any matter that involves the child.*

\_\_\_\_\_  
**FATHER and or MOTHER  
 GUARDIAN  
 (SIGNATURE OVER PRINTED NAME)**

\_\_\_\_\_  
**DATE**

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## DOCUMENTS SUBMITTED

- Photocopy of Birth Certificate**
- 3 pieces 1x1 ID Picture**
- Transcript of Records**
- Progress Report Card**
- Good Moral from the previous school**
- Recommendation Form(s)**
- Doctor's Report / Progress Report**
- Health Form**
- Proof: Legal guardian of the child. (In the absences of both parents)**