



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: _____

Tel. no.: _____ Fax no. _____ Email: _____

Contact Person: _____ Designation: _____

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

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)**