





Phone: 655 818 / 655 828

STUDENT ENROLLMENT FORM

REGISTRATION NUMBER: (OFFICIAL USE ONLY)	
Please fill form in BLOCK letters.	
1. Name:	
2. Date of Birth: DD / MM / YY	
3. Class/Grade Last Attended:	
4 School Last Attended:	RECENT PHOTO
5. Name of Father / Guardian:	
Name of Mother:	
6. Residence Address:	
Parent's Business Address:	
7. Course applied for: Please check the appropriate box.	
Regular Day School ESL Classe	es
Weekend Classes	
8. Telephone Numbers	
In case of <i>Emergency</i> :	
In case of Routine :	
Signature: Date:	MM / YY
(OFFICIAL USE ONLY)	
1. Enrolled in Grade:	PPROVED BY:
2. Enrolled By:	
3. Date:	
4. Fee: \	DIRECTOR
5. Payment Cash Receipt Number:	
6. Remarks:	







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STUDENT DRUG & EMERGENCY MEDICAL ATTENTION AGREEMENT FORM

REGISTRATION NUMBER: (OFFICIAL USE ONLY)		
Please fill form in BLOCK letters.		
1. Name:		
2. Date of Birth: DD / MM / YY		
3. Present Grade:		
4. (A) Father's Name:		
(B) Mother's Name:		
5. Residence Address and Contact Number:		
and hereby agree to the School's decision to have urinalysis at random or on suspicion of drug use		
Signature:	Date: DD / MM / YY	
Name:	Relationship:	
EMERGENCY MEDICAL ATTENTION I, the undersigned, hereby give permission to the School to provide emergency medical care to my child in case I, the parent/guardian, could not be reached in time and where any delay might result in increased risk of further damage to the child.		
Signature:	Date: DD / MM / YY	
Name:	Relationship:	