

STUDENT'S REGISTRATION FORM

STUDENT INFORMATION

YEAR _____ LEVEL _____ RECEIPT NUMBER _____

Full Name _____

Date of Birth ____ / ____ / ____ Nationality _____

Gender ☐ Male ☐ Female

Home Address _____

Phone Number _____ Email _____

Previous School _____ Year _____

Religion _____

Mode of Entry ☐ Day ☐ Boarding

CONTACT INFORMATION

Guardian Name _____

I.D Number _____

Occupation _____

Work Address _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

Residential Address _____

Mother's Name _____

I.D Number _____

Occupation _____

Work Address _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

Residential Address _____

Father's Name _____

I.D Number _____

Occupation _____

Work Address _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

Residential Address _____

HOW DID YOU HEAR ABOUT US?

Social Media ☐ Friends/Family ☐ Posters/ Fliers ☐ School Website ☐

Other _____
