

# Balata College Enrollment Form

## 1. STUDENT INFORMATION

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Other
- Nationality: \_\_\_\_\_
- Place of Birth: \_\_\_\_\_

## 2. CONTACT INFORMATION

- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Home Phone: \_\_\_\_\_
- Student Mobile (if any): \_\_\_\_\_
- Student Email (if any): \_\_\_\_\_

## 3. PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1

- Full Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

- Occupation/Employer: \_\_\_\_\_

#### Parent/Guardian 2 (optional)

- Full Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Occupation/Employer: \_\_\_\_\_

#### 4. ENROLLMENT DETAILS

- Grade Level Applying For: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
- Previous School Attended: \_\_\_\_\_
- Last Grade Completed: \_\_\_\_\_
- Reason for Transfer (if applicable):  
\_\_\_\_\_

#### 5. EMERGENCY CONTACT (Other than Parent/Guardian)

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

#### 6. MEDICAL INFORMATION

- Allergies or Medical Conditions:  
\_\_\_\_\_
- Doctor's Name: \_\_\_\_\_
- Clinic/Phone: \_\_\_\_\_

## 7. AGREEMENT & SIGNATURE

I certify that the information provided is true and complete to the best of my knowledge. I agree to comply with all school policies and procedures.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Student Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_