

# STUDENT ADMISSION

(Please fill out this form completely and accurately)

## 1. Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 2. Academic Information

Applying for Grade/Level: \_\_\_\_\_

Preferred Program: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Previous Academic Records:

Year: \_\_\_\_\_ Grade/Score: \_\_\_\_\_

Year: \_\_\_\_\_ Grade/Score: \_\_\_\_\_

Achievements (if any): \_\_\_\_\_

## 3. Parent/Guardian Information

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Guardian's Name (if applicable): \_\_\_\_\_

Relationship with Student: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## 4. Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## 5. Medical Information

Does the student have any medical conditions?

\_\_\_\_\_

Allergies (if any):

\_\_\_\_\_

## 6. Additional Information

How did you learn about our institution?

\_\_\_\_\_

## Declaration

I, the undersigned, declare that all the information provided above is true and accurate to the best of my knowledge.

Signature of Parent/Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_