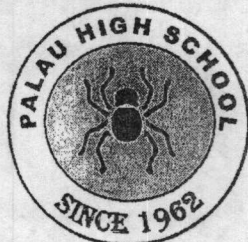


REGISTRATION FORM



Office of the Registrar
P.O. Box 159
Koror, Republic of Palau 96940

SCHOOL YEAR
2009-2010

Date Received: 7/16/09

Received By: [Signature]

SCHOOL MISSION STATEMENT

"At Palau High School, it is our belief that education is the inherent right of every person. Hence, we are committed in partnership with parents and the community, to develop the potential of each student through a comprehensive curriculum and quality instruction in a conducive learning environment".

Applicants must complete this form and provide the following supporting items:

1. Birth Certificate
2. Health Certificate showing vision and hearing test.
3. 2 Passport size photo (recent)
4. Certificate of adoption/power of attorney if the student lives with someone other than birth parents.
5. Entry permit (foreign student only)
6. Official school transcript from previous high school (transfer students only)

NOTE: Form must be thoroughly completed in order to be processed.

STUDENT INFORMATION

(Please Print)

Full name of Applicant:

Samir

Abraham

Aribuk

First name

Last name

Middle

Register for grade:

9th

☒ Male

☐ Female

Social Security # 000-42-8406

Date of Birth:

09.06.94

Age: 14

Hospital #:

A-49983

Registration Status:

Birth Place:

☒ Palauan

☐ Other (Specify)

☒ New Freshman

Citizenship:

☒ Palauan

☐ Other (Specify)

☐ Transfer

Ethnicity:

☒ Palauan

☐ Other (Specify)

☐ Returning

Place of Residence:

Ngerbeched, Koror Palau

Permanent Residence:

Ngerbeched

P. O. Box:

1144

Elementary School Attended:

George B. Harris

If transferred, provide school name:

Grade Level:

Please list all Allergies:

None

Has the applicant ever been dismissed, suspended, asked to withdraw, or received severe disciplinary censure? ☒ Yes ☐ No If yes, give full details, including the name of the principal:

Suspended for chewing betelnut
Wickliff Emul

FAMILY INFORMATION

Full name of Father:

Robin Abraham

Telephone:

(Home) 488-6154 (Work) 779-8184

Full name of Mother:

Kayleen Mario

Telephone:

(Home) 488-6154 (Work) 488-2440

Who is responsible for the child?: ☒ Parent(s) ☐ Guardian ☐ Other

Telephone:

(Home) 488-6154 (Work) 488-2440

Who does the child reside with?: ☒ Parent(s) ☐ Guardian ☐ Other

Full Name of person responsible for the child if "guardian" or "other":

Relationship: (grandma, uncle, etc)

Full name of Sponsor:

Telephone: (Home)

(Work)

I HERBY AFFIX MY SIGNATURE ON THIS FORM AND
ASSURE THAT INFORMATION GIVEN
IS TRUE TO THE BEST OF MY KNOWLEDGE.

[Signature]
Student Signature

July of 2009
Date