

BRAIN TRAIN VIRTUAL CLASSROOMS STUDENT INFORMATION SHEET

IMPORTANT: MUST BE FILLED OUT COMPLETELY. THIS WILL BE USED IN SECTIONING AND IN ISSUING ANNOUNCEMENTS AND STUDENT ASSESSMENTS. NO BLANKS PLEASE!

NAME _____
Last Name Given Name Middle Name Nickname

Mailing Address _____

Permanent Address _____

Tel. No. Landline _____ Mobile _____ Email _____

FATHER'S NAME _____

Business or Office Address _____

Tel. No. Landline _____ Mobile _____ Email _____

MOTHER'S NAME _____

Business or Office Address _____

Tel. No. Landline _____ Mobile _____ Email _____

Does the student have special needs or a handicap? (poor eyesight, ADHD, autism, attitude problems, etc.) ☐ yes ☐ no

If yes, what? _____

Junior High School (*do not abbreviate*) _____

Senior High School _____ Strand _____

Average grades (Grades 8-11) (pls. estimate and do not leave blank)

Math ____ Science ____ English ____ Overall Average Grade ____ Class/Batch Rank ____ out of ____

Academic Awards received _____

I hereby acknowledge to have received, read, and understood the Review Course Agreement and FAQ. I also promise to read the BTVC Review Guidelines before IP Day.

Signature of Student

SHIPPING/PICK-UP AGREEMENT

Check one box:

- ☐ I prefer to have my Brain Train materials SHIPPED TO MY MAILING ADDRESS.
- ☐ I prefer to have my Brain Train materials SHIPPED TO MY PERMANENT ADDRESS.
- ☐ I prefer to have my Brain Train materials PICKED UP IN BRAIN TRAIN LOS BAÑOS by _____ (person who will pick up).
- ☐ I prefer to have my Brain Train materials PICKED UP IN BRAIN TRAIN STA. ROSA by _____ (person who will pick up).

To be filled out by BRAIN TRAIN:

Date: _____ Batch: _____

OR No.: _____ Payment: _____

AR No.: _____ Payment: _____

Signature