



Foundation of  
**Balay Pasilungan**

**Foundation of Balay Pasilungan, Inc.**

817 Datu Bago Street

(P.O. Box 80718

Bankerohan, Davao City - Philippines

Tel. 221-2922 Email: balaypasilungan@yahoo.com

### ADMISSION SLIP

Name: Name

Age: 0 Sex: Male

Address:

Date/Place of Birth: February 01, 2009/

Date Admitted: December 15, 2016

Distinguishing Marks: a. Tattoo / Scars \_\_\_\_\_

b. Height: AB+ c. Weight: AB+

Put (/) on documents submitted:

- |                        |     |                   |     |
|------------------------|-----|-------------------|-----|
| 1. SCSR                | ( ) | 3. School Records | ( ) |
| 2. Medical Certificate | ( ) | 4. Others         | ( ) |

General Impression upon admission:

Action/s Taken:

\_\_\_\_\_  
Name and Signature of Referring Party

\_\_\_\_\_  
Admitting Staff Party

\_\_\_\_\_  
Designature/ID No./Contact No.

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Date/Time

Noted By:

DIRECTOR NAME Executive Director