

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: Sam sads			Age: 0 Sex: Male	
Address: asdasdadad				
Date/Place of Birth: August 20, 2017/				
Date Admitted: August 20, 2017				
Distinguising 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 Par	rty	Admi	itting Staff Party	
Designature/ID No./Contact No.		I	Designation	
Complete Address			Date/Time	
Complete Address			Date/Time	
Noted Dru				
Noted By:				
DIRECTOR NAMEExecutive Director	or			