



THE PALMRIDGE SCHOOL

Preschool • Grade School • High School

Brgy. Santiago, Arnaldo Highway, City of General Trias, Cavite

Level: _____

STUDENT'S ENROLLMENT FORM (OLD STUDENT)

S.Y. _____ - _____

Administrative Copy: **Please fill out ALL information ACCURATELY, COMPLETELY, and tick appropriate boxes.**

STUDENT'S INFORMATION		DepEd Learner Reference Number		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's Legal Name: _____ <small>(PSA/NSO Birth Certificate)</small>		Surname		First Name/s		Middle Name		Nickname												
Date of Birth: _____ <small>Month Date Year</small>		Age: _____		Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female												
Place of Birth: _____ <small>City Country</small>		Citizenship: _____																		
Religion <input type="checkbox"/> Roman Catholic		<input type="checkbox"/> Christian		<input type="checkbox"/> Muslim		<input type="checkbox"/> Others: please specify _____														
Mother Tongue: _____		Ethnicity (ex: Bicolano, Igorot, Ilocano, etc.) _____																		
Home Address: _____		House No. & Street		Village/Subdivision		Town/City		Country		Zip Code										
Name/s of Sibling/s enrolled in The Palmridge School																				
Name/s				Level				Name/s				Level								
_____				_____				_____				_____								
_____				_____				_____				_____								
_____				_____				_____				_____								
PARENTS'/GUARDIAN'S INFORMATION										Age: _____ Religion: _____										
Father _____ <small>Surname First Name/s Middle Name</small>										Home Phone No./s: _____										
Occupation/Position: _____										Mobile No./s: _____										
Company Name: _____										Business Tel. No./s: _____										
Company Address: _____										E-mail Address: _____										
Mother _____ <small>Surname First Name/s Middle Name</small>										Age: _____ Religion: _____										
Occupation/Position: _____										Home Phone No./s: _____										
Company Name: _____										Mobile No./s: _____										
Company Address: _____										Business Tel. No./s: _____										
E-mail Address: _____																				
Guardian _____ <small>Surname First Name/s Middle Name</small>										Age: _____ Religion: _____										
Occupation/Position: _____										Home Phone No./s: _____										
Company Name: _____										Mobile No./s: _____										
Company Address: _____										Business Tel. No./s: _____										
E-mail Address: _____																				
Please indicate to whom The Palmridge School should address school communication letter:																				
<i>Ex: Atty. & Mrs. Alfredo M. Santos, Dr. & Mrs. Alberto C. Santiago, Mr. & Mrs. Juan S. Dela Cruz, Ms. Susan G. Cruz, Mr. Jose L. Reyes</i>																				

If any of the above information changes during the course of the school year, please fill out a new form at the Registrar's Office immediately.

I/We understand that as parents/guardians, I/we shall abide by this learning institution's existing policies, rules, and regulations.

Parent's/Guardian's Signature above Printed Name

Date