



School of
Pacific Arts,
Communication,
and Education

2023 ENROLMENT FORM

Childs name: _____
 First name Middle name Surname

Other names (pet/nickname)

Date of birth: _____ Gender: _____ Ethnicity: _____

Family type (Nuclear/ Extended/ single parent): _____

Number of children in the family: _____ Position in the family: _____

Language(s) used: _____

Admission date: _____ Session: _____

Father's name: _____ Occupation: _____

Work address: _____

Contact: _____
 Mobile Work Home

Email address: _____

Residential address: _____

Mother's name: _____ Occupation: _____

Contact: _____
 Mobile Work Home

Email address: _____

Work address: _____

Residential address: _____

Persons authorized to pick up child:

1) Name: _____ Relationship to the child: _____

Contact number (s): _____

2) Name: _____ Relationship to the child: _____

Contact number (s): _____

3) Name: _____ Relationship to the child: _____

Contact number (s): _____

1) Emergency contact:

Name: _____ Relationship to the child: _____

Contact number(s): _____

2) Emergency contact:

Name: _____ Relationship to the child: _____

Contact number(s): _____



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Has your child been hospitalized? (If yes, please explain) _____

Does your child have any special medication or under any medical condition?

Does your child have any special needs? (Physical, Mental, Social, Emotional, Language)

Any allergies?

Family doctor:

Does your child have a special area of interest?

Do you give consent for photos taken in school or any other school activity to be added to the school website to promote learning?

I have read the USP Educare enrolment information and policies for parents and guardians. I do hereby agree and abide by the content herein.

Signature of parent/ guardian: _____ Date: _____

STAMP

