



2024 ENROLMENT FORM

Child's 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 (viber) Work Home

Email address: _____

Residential address: _____

Mother's name: _____ Occupation: _____

Contact: _____
 Mobile (viber) 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): _____



School of
Pacific Arts,
Communication,
and Education

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, videos or any form of media taken in school for all school activities and workplace attachments 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

