



PRESENTATION COLLEGE CHAGUANAS

STUDENT REGISTRATION FORM 2017/2018

Attach Photograph Here

Surname [grid]

Class Assigned [grid]

First Name [grid]

Middle Name [grid]

DD MM YY

DD MM YY

Date of Birth [grid]

Date of Entry [grid]

Address [grid]

House Assignment (please tick one ✓)	
Aquinas (Yellow)	<input type="checkbox"/>
Chaconia (Green)	<input type="checkbox"/>
Finbar (Blue)	<input type="checkbox"/>
Ibis (Red)	<input type="checkbox"/>

Nationality [grid]

Religion [grid]

SEA No: [grid]

Primary School Attended [grid]

Father's Name [grid]

Father's Cell [grid] - [grid] Father's Home No. [grid] - [grid]

E-Mail Address [grid]

Address (if different from child's) [grid]

Employer [grid]

Profession [grid]

Work Tel No: [grid] - [grid]

Mother's Name [grid]

Mother's Cell [grid] - [grid] Mother's Home No. [grid] - [grid]

E-Mail Address [grid]

Address (if different from child's) [grid]

Employer [grid]

Profession [grid]

Work Tel No: [grid] - [grid]

Parents' Marital Status (please tick one ✓) Married Separated Divorced Remarried

Currently the student lives with: (please tick one ✓)	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
Legal custody is currently with: (please tick one ✓)	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>

Guardian's Name

Relation to Student

E-Mail Address

Address

Employer

Profession

Work Tel No:

In case of emergency contact: (please tick one ✓) Both Parents Mother Father Guardian

Name of any other emergency contact Telephone

Medical Doctor Telephone

Allergies or other Medical Conditions

Any medication he must have in his possession

I hereby give my release and consent in case of an emergency for my son to be treated by a doctor or hospital emergency room if I cannot be reached by phone. Parent/Legal Guardian's Signature Relation to student Date

Hobbies and/or special interests of student

SAMPLE SIGNATURES (IF PERSONS ARE PRESENT) Father Mother Guardian

I, as the registering Parent/Legal Guardian, certify that the information given in this form is true and correct. Parent/Legal Guardian's Signature Relation to student Date

For Official Use Only Processing Staff Signature Date