



PRESENTATION COLLEGE CHAGUANAS

FORM 1 STUDENT BIO-DATA FORM 2020

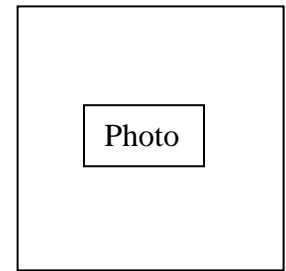
Photo

Surname

First Name

Middle Name

Class Assigned



Date of Birth DD MM YY

Date of Entry DD MM YY

Address

FOR OFFICIAL USE ONLY	
House Assignment (please tick one ✓)	
Aquinas (Yellow)	
Chaconia (Green)	
Finbar (Blue)	
Ibis (Red)	

SEA No:

Religion

Nationality

Father's Name

Father's Cell - Father's Home No.

E-Mail Address

Address (if different from student's)

Employer

Profession

Work Tel No: -

Mother's Name

Mother's Cell - Mother's Home No.

E-Mail Address

Address (if different from student's)

Employer

Profession

Work Tel No: -

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

Currently the student lives with: (please tick one ✓) Both Parents Mother Father Guardian

Legal custody is currently with: (please tick one ✓) Both Parents Mother Father Guardian

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

Table with 3 columns: Father, Mother, Guardian under the heading SAMPLE SIGNATURES (IF PERSONS ARE PRESENT)

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