

PRESENTATION COLLEGE CHAGUANAS

FORM 1 STUDENT BIO-DATA 2025

Photo	
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Surname C	Class	
First Name A	ssigned	
Middle Name	FOR OFFICIAL LIST ONLY	
DD MM YY DD MM YY	FOR OFFICIAL USE ONLY	
Date of Birth Date of Entry	House Assignment (please tick one ✓)	
Address	Aquinas (Yellow)	
	Chaconia (Green Finbar (Blue)	
	Ibis (Red)	
	(163)	
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 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 Profession		
Work Tel No: -		
Parents' Marital Status (please tick one ✓) Married Separat	ted Divorced Remarried	
Currently the student lives with: (please tick one <) Both Parents		
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 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 - 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			
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CAMPLE CICALATURES (IE DERSONS ARE DESCRIT)	 		
SAMPLE SIGNATURES (IF PERSONS ARE PRESENT) Father Mother Guardian			
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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			
Parent/Legal Guardian's Signature Relation to student Date For Official Use Only			