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0011 Banat-I Hillside Road, G. Dangoy St., Bool District, Tagbilaran City

416-1248/09295571136

boholchildheadstart@gmail.com

ENROLLMENT FORM (Kinder, Elementary and Junior High School)

*To be filled out by the school's **Guidance Counselor**:*

Date today: _____

Is the student present during the interview? _____

Is/Are there test/s administered? If yes, please specify:

Test Result and Interpretation: _____

Any significant behavioral observation/s of the student:

Other comments and/or recommendations:

From whom/how did you learn about BOHOL CHILD HEAD START?

(Kindly print legibly)

Student's Name: _____
Last Name First Name Middle Name

Nickname: _____ Age Today : _____

Birthdate: _____ Religion (if any): _____

Address: _____

Specify if: Transferee Old student Returnee

If Transferee/Returnee,

School last attended: _____

Elementary Education: _____

Kindergarten Education: _____

Reason for transferring: _____

Is the student living with biological parents? _____ if not,
please specify Adoptive Parents/Guardian's name and Address:

Who is financially supporting the student's education? _____

Contact Information

Mother's name: _____
Occupation: _____
Place of Employment: _____
Business (if any): _____
Nationality: _____
Religion (if any): _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Father's name: _____
Occupation: _____
Place of Employment: _____
Business (if any): _____
Nationality: _____
Religion (if any): _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

For Parent-Teachers Association and student-related updates, please write your e-mail and FB messenger accounts (one preferred address/account for each child)

E-mail Address: _____ FB Messenger Account Name: _____

Emergency Contact Person: _____ **Contact's Phone:** _____

Health Record

Doctor's name: _____ Doctor's Phone: _____

Does the student have any known allergies? _____

Are there any food restrictions? *(If yes, please specify)* _____

Does the student have any medical condition which we should be made aware of?

Would there be any restrictions to play or activities? _____

What language(s) are spoken at home? _____

Please ensure the signatures of the following people as you go through the enrollment process.

<p><u>ROAN CHRISTINE C. MADRONERO, RPm</u> Guidance Counselor (Testing for Kinder to JHS/Observation and Interview for EHS 1-3; accomplishment of Guidance Form 1)</p>	<p><u>MARIA ELENA M. BALANE, MA</u> Principal (Placement Recommendation)</p>	<p><u>GHIA B. VALERA</u> Cashier (Upon Payment)</p>	<p style="text-align: center;">_____ School Registrar (Enrollment Form and Contract; Certificate of Enrolment)</p>
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