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Paste
 2x2 picture
 here

STUDENT Registration Form

Old Student New Student Others

Date of Application: _____

Student Name:

Last Name First Name Middle Name Nickname

Course Reference: Course Name: Est. Start Date:

Date of Birth:

Month Day Year Age Gender Nationality

Name of Father: (If student is under 18 years) Name of Mother:

Occupation: Occupation:

Home/Mailing Address:

Landline Nos: Mobile Nos:

Brothers/Sisters/Friends enrolled at Brightwood:

Name	Age	Grade

List health/physical limitations, if any

Do you/your child have allergies? Yes No

If yes, please provide details

Do you/your child need regular medication? Yes No

If yes, please provide details

Do you/your child have any other condition that needs monitoring? Yes No

If yes, please provide details

I hereby certify that all the information written in this application is complete and accurate. I understand that any misrepresentation of information written in this form may be a ground for forfeiture of right to enroll.

Signature of Student/Parent/Guardian over Printed Name **Date** **Verified By**