



3rd Floor Greenboro Bldg. Verdana Village Centre,
 Molino 4, Bacoor, Cavite
 info@brightwoodschool.org
 Cavite no.: (046) 517-0131; Manila no.: (02) 475-7730

Paste
 2x2 picture
 here

STUDENT Registration Form

Old Student New Student Others

Date of Application: _____

Student Name:

Last Name First Name Middle Name Nickname

Programme : School Term:

Date of Birth:

Month Day Year Age Gender Nationality

Name of Father: Name of Mother:

Occupation: Occupation:

Home/Mailing Address:

Landline Nos: Mobile Nos:

Brothers/Sisters enrolled at Brightwood:

Name	Age	Grade

List health/physical limitations of your child, if any

Is your child allergic to anything? Yes No

If yes, please provide details

Does your child need regular medication? Yes No

If yes, please provide details

Does 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 Parent/Guardian over Printed Name **Date** **Verified By**

For Brightwood Use Only

Admissions Testing

Testing Date: _____ Time: _____ Venue: _____ Proctor: _____
 Interview Date: _____ Time: _____ Venue: _____ Interviewed by: _____

EVALUATION / RECOMMENDATION

Remarks

Program Evaluator

Remarks

Faculty Head

Assessment

Program: _____

Particulars

Tuition Fee P _____

Miscellaneous Fees: _____

Other Fees: _____

Sub-total: _____

Assessed By: _____
 Signature over Printed Name

Mode of Payment:

Deposit to account Check Cash
 Full Quarterly Monthly

Date of Payment	Particulars	Amount Paid	Receipt#	Cashier's Signature:

Validated By:

Approved By:

 Enrolment Officer

 School Officer