

ENROLLMENT FORM

De La Salle Araneta University Lasallian Language Center

1. STUDENT'S INFORMATION

LAST NAME : _____ NATIONALITY : _____
FIRST NAME : _____ MOTHER TONGUE : _____
MIDDLE NAME : _____ SEX : MALE / FEMALE
DATE OF BIRTH : ____/____/____ AGE : _____ (ENROLLMENT YEAR)
(YEAR) (MONTH) (DAY)
ADDRESS (House Number)

2. PARENT'S/GUARDIAN'S/ INFORMATION (IN CASE OF EMERGENCY)

GUARDIAN'S NAME : _____
GUARDIAN'S CONTACT NUMBER : _____

3. STUDY INFORMATION

ENGLISH PROGRAM

- | | |
|--|--|
| <input type="checkbox"/> ESL Premium Program | <input type="checkbox"/> Junior |
| <input type="checkbox"/> TOEIC Program | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> IELTS Program | <input type="checkbox"/> Special Medical |
| <input type="checkbox"/> Internship Program | (<input type="checkbox"/> Nursing / <input type="checkbox"/> Dental/ <input type="checkbox"/> Physiotherapy) |

CHECK IN DATE : ____/____/____ (SUNDAY)
(YEAR) (Month) (DAY)
(*If SATURDAY, Please put information on the Note. NOTE: _____)

ENROLLMENT DATE : ____/____/____ (MONDAY) TERM : _____ weeks
(YEAR) (Month) (DAY)

I hereby certify that the above information given are true and correct to the best of my knowledge and I allow De La Salle Araneta University Lasallian Language Center to use my details to create and/or update their profile in the Learner Information System. The information herein shall be treated as confidential in compliance with Data Privacy Act of 2020

(Signature)

(DATE)