



**ST. FRANCIS OF ASSISI SCHOOL**  
PEACE VALLEY, LAHUG, CEBU CITY

## ENROLMENT FORM

School Year:

### Student's Information:

First Name:  Last Name:   
Middle Name:  Extension Name:   
Grade Level:  Gender:   
Date of Birth:  LRN:   
Place of Birth:  Nationality:   
Religion:  Telephone number:   
Present Address:   
Child's Mother Tongue:  Other Language:

### For Transferees only:

Last School Attended:   
School Address:   
Grade Level:  Year Completed:

### Parent's Information:

#### Father's Information:

First Name:  Last Name:   
Extension Name:  Contact number:   
Email Address:

#### Mother's Information:

First Name:  Last Name:   
Maiden Name:  Contact number:   
Email Address:

### Guardian's Information:

First Name:  Last Name:   
Extension Name:  Contact number:   
Email Address:

Save and send to [sfas\\_lahug@yahoo.com](mailto:sfas_lahug@yahoo.com)

Wait for 24 hrs for confirmation from our admin.