



STUDENT DATA SHEET rev 2017

Referred by:
 Student's Entrance Examination Score:
 Admitted to level:

2x2
 Photo

PERSONAL INFORMATION

Name: Religion:
 Address: Gender:
 Birthdate: Birthplace:
 Contact person, in case of emergency
 Name: Address:
 Relationship: Mobile No:

FAMILY BACKGROUND	Father	Mother	Guardian
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Name:
 Religion:
 Contact no:
 Birthday / Age:
 Educational Attainment
 Employer Business
 Email Address

MARRIAGE STATUS

Church	Civil	Single Parent
Living Together	Divorced	Live-in
Legally Separated	Separated	

SIBLINGS

Name	Birthday	Age	Occupation / School

SCHOOL PREVIOUSLY ATTENDED

Name of school:
Address:
Level:

I certify that all the above information is true and correct. I also acknowledge that I have read and understood the school's policies as printed in the Schools' Manual for which I fully agree with all its contents with my signature below confirms as proof. I also promise to abide with all its policies, rules and regulations during my/our child's entire stay in this school.

Signature above printed name

We hereby accept your child as a bona fide enrollee of JRC Bright Ways School of Bulaon, Inc.

Registrar's Signature above printed name

Student's LIS. :

Required Documents:

- Original Birth Certificate (from NSO)
- Baptismal Certificate (photocopy)
- Two 2" x 2" recent colored Pictures
- Certificate of Good Moral Character from last School
- Original Report Card (Form 138)
- Certificate of First Holy Communion, if applicable
- Medical / Health Certificate

Parental's/Guardian's Consent and Waiver Form

I understand that my child/ren's in-person attendance in school will include associating with teachers, fellow learners and school personnel, and other persons inside and outside of the school that may put my child at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the school.

I acknowledge that my child/ren's participation in this activity is completely voluntary. While there remains the risk of possible COVID-19 transmission to my child/ren, and to the members of my household, I freely assume the said risk and I permit my child/ren to attend school under this activity.

I am aware that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that my child/ren currently has none of those symptoms, and is in good health.

I will not allow my child/ren to physically go to school to attend classes if my child/ren or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to COVID-19.

I will also inform the school and not allow my child/ren to attend face-to-face classes if my child/ren or any of my household members test positive for COVID-19. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and our community.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the school and its personnel as well as officials and personnel of the Department of Education relative to the conduct of the activity.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child/ren's participation in the activity for this coming school year 2022 – 2023.

I also attest that I had sought the views of my child/ren and he/she/they has/have expressed willingness to participate in the activity.

CONTACT DETAILS FOR QUESTIONS OR PROBLEMS

For any concern or clarification, you may contact Policy Research and Development Division-Planning Service through email address ps.prd@deped.gov.ph.

Signature of Parent / Guardian over Printed Name:

Name of Child/ren:

Contact Details:

Date: