



ILOILO INTERNATIONAL CHRISTIAN MISSION SCHOOL, INC.

Government Recognition: Elementary Level – ER-045 S.2015 / Pre-school Level – ER-035 S.2014  
#77 Avanceña St., North Fundidor, Molo, Iloilo City, Philippines  
☎ (033) 338–2147/ 0929-3239279/ Facebook:iicmsmolo@yahoo.com/Website:iicmsph.com

Form 1 -RF

REGISTRATION FORM

No. \_\_\_\_\_



Registration Date

Applicant for admission to Grade

School year

Period of Classes : \_\_\_\_\_

Student's Information

Note: All sections of the form must be answered. Write N/A if the information is not applicable to you.

Student's Name \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address (Philippines) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Home Address(Foreign) \_\_\_\_\_

Passport No.: \_\_\_\_\_ Expiry Date of Visa \_\_\_\_\_ SSP Number: \_\_\_\_\_

Last Level Attended \_\_\_\_\_ Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Inclusive Dates: \_\_\_\_\_

Language the child is fluent in: \_\_\_\_ Filipino \_\_\_\_ English \_\_\_\_ Ilonggo \_\_\_\_ Korean \_\_\_\_ Others \_\_\_\_\_

PARENTS/GUARDIAN INFORMATION

INFORMATION	Father's Name (Last Name, First Name, Middle Name)	Mother's Name (Last Name, First Name, Maiden Name)	GUARDIAN (if applicable)
Full Name			
Res. Tel. No./Mobile No.			
Highest Educational Attainment			
Citizenship			
Occupation			
Office Tel. No.			
Employer's/Business Name:			

Is there any further information about your child/children that the school needs to know? Please indicate below and describe if your child has any disability so that we may be able to understand your child better. (e.g. stuttering, limping, deafness, visual/hearing impairedness, allergies, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm that all information supplied herein are complete and accurate. I further certify to the veracity of all information necessary for my child’s eligibility for admission to IICMS.

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**PLEASE DO NOT WRITE BELOW THIS LINE**

REQUIREMENTS SUBMITTED	ORIGINAL	PHOTOCOPY	DATE	RECEIVED BY
Birth Certificate (NSO)				
Form 138-Report Card				
Two (2) 2 x 2 I.D. photos				
Certificate of Good Moral Character (for transferees only)				

**ALL REQUIREMENTS SUBMITTED SHALL NOT BE RETURNED BUT SHALL SERVE AS PERMANENT RECORDS FOR FILE WHEN THE APPLICANT ENROLS.**