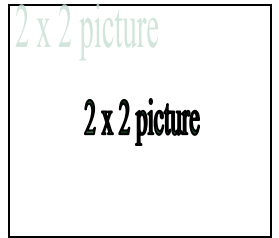




AIR LINK INTERNATIONAL AVIATION COLLEGE

Domestic Road, Domestic Airport, Pasay City
Tel. Nos.: 851-4428/ 854-5113



REGISTRATION FORM SENIOR HIGH SCHOOL SY 20__ - 20__

Name: _____
Surname *First Name* *M.I.*

Name of Previous High School: _____

Division: _____ Previous School Category: () Private () Public

Learner's ID No: _____ (For public school students)

Tuition Fee Payment Scheme:
() Payee - Semestral or Quarterly () Voucher () ESC Grantee

Registration No.: _____ () Old Student () New Student () Returnee

Sex: () Male () Female Level/Grade and Section: _____

Current Age: _____ Birthday: _____ Birthplace: _____

Present Address: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Company's Name: _____ Company's Name: _____

Office No.: _____ Office No.: _____

Mobile No.: _____ Mobile No.: _____

Names of Brothers/Sisters in Air Link: _____ Level/Grade: _____

NAMES OF SCHOOL/S LAST ATTENDED

Name of School *School Address* *Grade/Level*

Guardian's Information in the absence of the parents:

Name: _____ Relationship to the Child: _____

Home Address: _____

Contact Phone Numbers: _____

I hereby acknowledged that all information listed on this Registration Form is correct. Since I enrolled my child in this institution, I hereby agree to abide by its existing rules and regulations, and policies that may be adopted from time to time by the School Administration.

Accomplished by: _____

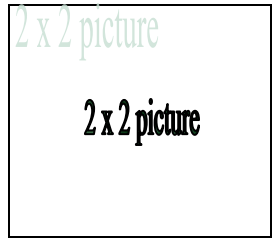
Parent/Guardian

Date: _____



AIR LINK INTERNATIONAL AVIATION COLLEGE

Domestic Road, Domestic Airport, Pasay City
Tel. Nos.: 851-4428/ 854-5113



**REGISTRATION FORM
BASIC EDUCATION**

(Preschool, Elementary and Junior High School)
SY 20__ - 20__

Name: _____
Surname First Name M.I.

Name of Previous School: _____

Division: _____ Previous School Category: () Private () Public

Learner's ID No: _____ (For public school students)

Tuition Fee Payment Scheme:
() Payee – Annual, Semestral or Quarterly () Voucher () ESC Grantee

Registration No.: _____ () Old Student () New Student () Returnee

Sex: () Male () Female Level/Grade and Section: _____

Current Age: _____ Birthday: _____ Birthplace: _____

Present Address: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Company's Name: _____ Company's Name: _____

Office No.: _____ Office No.: _____

Mobile No.: _____ Mobile No.: _____

Names of Brothers/Sisters in Air Link: _____ Level/Grade: _____

NAMES OF SCHOOL/S LAST ATTENDED

Name of School School Address Grade/Level

Guardian's Information in the absence of the parents:

Name: _____ Relationship to the Child: _____

Home Address: _____

Contact Phone Numbers: _____

I hereby acknowledged that all information listed on this Registration Form is correct. Since I enrolled my child in this institution, I hereby agree to abide by its existing rules and regulations, and policies that may be adopted from time to time by the School Administration.

Accomplished by: _____

Parent/Guardian