

South East Asian Center of Animation Technology Unit 101 Union Square Cond., 145, 15th Avenue, Cubao Quezon City

Last school attended : Other school programs / Special training :		Year :		
		Voor		
	Student Informatio	n		
Student Name Last Name	First Name	MI	ID #	
Home AddressStreet Address		City	Province	Zip
Home Address	Ce	l Phone		
Home Address				
	Contact Informati	ion		
Parent / Guardian Name				<u>.</u>
Home Phone	Cel	IPhone #		
	ontact Name:Relationship to St			
Emergency Phone:	Relationship to Student :			
	Student Informat	ion		
Does your child have a life-threatening health condition? (see note below) If yes, please explain			🗌 Yes 🔲 No	
Does your child need medication at school ? If yes, please explain			🗌 Yes 🔲 No	
Does your child have any other medical issues of which we need to be aware ? If yes, please explain			🗌 Yes 🔲 No	
Note: Parent / Guardian are responsible for provi currently held at the school must be picked up pri regular school year. If registration is completed prior to end of school year has ended, the parent / guardian is respons A notification will be communicated to the school	or to the end of the regular school year, this information will be trans ible for providing a copy to designe	year. School Staff ferred for the stude	will not have access to medica nt. If registration is completed	tions from the after the schoo