



THE QUANTUM ACADEMY

San Isidro, General Santos City, Philippines
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ENROLLMENT FORM for SCHOOL YEAR 20__ - 20__ Lower School Department

Student's Learner Reference Number (LRN): _____ Incoming Grade Level: _____

STUDENT'S PERSONAL INFORMATION

_____	_____	_____
Last Name	Given Name	Middle Name

Home address: (No./St.) _____ (Brgy.) _____ (City/Town) _____	
Date of birth: (MM/DD/YY) _____	Present age: _____
Gender: <input type="radio"/> Male <input type="radio"/> Female	
Place of birth: (City/Town) _____ (Province) _____ (Country) _____	
Religion: _____	Main language used at home: _____
Nationality: _____	
Mother's complete name: _____	
Occupation: _____	Phone number: _____
E-mail address: _____	
Father's complete name: _____	
Occupation: _____	Phone number: _____
E-mail address: _____	
Authorized guardian's complete name: _____	
Phone number: _____	

PREVIOUS SCHOOL'S INFORMATION *(for New Student ONLY)*

Name of previous school: _____	Previous grade level & section: _____
Address: _____	Phone number: _____

Is there any observable physical, mental, social, behavioral handicap or any special condition your child may have that will prevent him or her cope easily with school requirements and academic expectations? (e.g. diagnosed dyslexia, dyscalculia, ADHD, misbehavior, mild autism, etc.)

No _____ Yes _____; Please state/describe below.

Briefly describe the child's maturity, independence, following rules, work attitude, self-discipline, and self-reliance.

Consent/Waiver:

By signing this form, WE, THE PARENTS/LEGAL GUARDIANS agree to the collection, generation, use, processing, and storage of our child's personal data by the School for admission and educational purpose(s) during the school year. We authorize the School to disclose any information only to accredited/affiliated third parties related to our child studying in TQA. We also allow the school to announce, publish, or feature my child, his/her achievements, and participation in major school activities via the school's official publications and online platforms.

Parent's/Guardian's Complete Name

Date

Parent's/Guardian's Signature

(To be checked by the School Clerk and/or the School Registrar)

Kindergarten <input type="radio"/> Original PSA Birth Certificate <input type="radio"/> Completely Filled Out Enrollment Form <input type="radio"/> Signed Parent Agreement with The Quantum Academy	Grades 1 to 6 <input type="radio"/> Original PSA Birth Certificate <input type="radio"/> SF9/F138/Card (Previous Level) <input type="radio"/> Good Moral (for Transferees) <input type="radio"/> ECCD Checklist (for Grade 1 Only) <input type="radio"/> Signed Student Honor Code <input type="radio"/> Signed Parent Agreement with The Quantum Academy <input type="radio"/> Signed Student Agreement with The Quantum Academy <input type="radio"/> Completely Filled Out Enrollment Form <input type="radio"/> SF10/F137 from Previous School (for Grades 2 to 6) <input type="radio"/> Other documents needed: _____
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