



ADVENTIST ACADEMY ILOILO, INC.
BONGCO, POTOTAN, ILOILO

REGISTRATION FORM

GASTPE RECIPIENT
YES NO

School ID: _____

INSTRUCTIONS: Fill up legibly all information required in CAPITAL letters. Print and Submit accomplished form to the Registrar. Download and print the form if you don't have Adobe Acrobat. Use black or blue pen only to fill up.

DATE OF ENROLLMENT _____ SCHOOL YEAR _____

STUDENT INFORMATION:

LRN: _____ GRADE LEVEL: _____

NAME: _____
(Surname) (First name) (Middle name) (Extension name)

DATE OF BIRTH (MM/DD/YYYY) _____ GENDER _____ AGE _____ NATIONALITY _____

RELIGION _____ BAPTIZED _____ NOT BAPTIZED _____ CONTACT NO. _____

STUDENT'S PRESENT ADDRESS _____

FATHER: _____
(Surname) (First name) (Middle name)

OCCUPATION _____ CONTACT NO. _____

MOTHER: _____
(Surname) (First name) (Middle name)

OCCUPATION _____ CONTACT NO. _____

NO. OF SIBLINGS _____ MONTHLY FAMILY INCOME _____

PREFERRED MODE OF LEARNING:

ONLINE CLASS

- Should have stable internet connection
- Purely online class (Virtual Classroom with teacher-student interactions)
- No Printed Materials

MODULAR CLASS

- With printed worksheets
- Online class attendance not required
- Access of modules & summative test through AAI E-Learning Portal

ELEMENTARY/SECONDARY SCHOOL GRADUATED FROM: PUBLIC PRIVATE

NAME OF SCHOOL _____ MONTH/YEAR OF COMPLETION _____

ADDRESS _____

FOR RETURNING LEARNERS (BALIK-ARAL) AND THOSE WHO SHALL TRANSFER/MOVE IN

LAST GRADE LEVEL COMPLETED _____ LAST SCHOOL YEAR COMPLETED _____

SCHOOL NAME _____ SCHOOL ID _____

SCHOOL ADDRESS _____

GENERAL AVERAGE _____

FOR LEARNERS IN SENIOR HIGH SCHOOL

SEMESTER 1ST ACADEMIC TRACK: (STRAND): GENERAL ACADEMIC STRAND
2ND SCIENCE, TECHNOLOGY, ENGINEERING & MATHEMATICS

STUDENT'S SIGNATURE OVER PRINTED NAME _____

PARENT'S SIGNATURE OVER PRINTED NAME _____

OFFICIALLY ENROLLED:

DATE: _____

MRS. BELDEN R. SABINO
PRINCIPAL

MR. JARELU F. FALLURIN
TREASURER

MRS. WENDY ROSE M. VIJAR
REGISTRAR