



Paradise College

Date: _____

ADMISSION FORM 20_____

Name : _____

Grade : _____

Date of Birth : _____

Gender : *Tick in the box* *Male* *Female*

Address : _____

Religious
Denomination : _____

Home Province : _____

PARENTS/GUARDIAN (Write down your relationship with student below)

1. Name : _____

Relationship : _____

Occupation : _____

Place of
Employment : _____

Business Phone : _____

Mobile Phone : _____

Email : _____

2. Name : _____

Relationship : _____

Occupation : _____

Place of
Employment : _____

Business Phone : _____

Mobile Phone : _____

Email : _____

Note: Tick in the boxes above for priority contact phone number and email.

Signature 1 : _____

Signature 2 : _____