



# Eton International School

1839 Dr. Vasquez St., Malate, Manila, Philippines.  
Telephone: (+632) 526-2994 to 95 FAX: (+632) 536 1511  
E-mail: admissions@eton.edu.ph

## ADMISSION FORM

School Year: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Student No.: \_\_\_\_\_

Please check(✓)

Workshop

Regular

Program

Student's Name: \_\_\_\_\_

Family Name

First Name

Middle Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_ Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

### PARENT'S DATA

FATHER

MOTHER

\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Nationality \_\_\_\_\_

\_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Contact Number \_\_\_\_\_

\_\_\_\_\_ Profession/ Occupation \_\_\_\_\_

\_\_\_\_\_ Business/ Company Address \_\_\_\_\_

Name of Sibling(s) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous School: \_\_\_\_\_

Child's Strength \_\_\_\_\_

Weaknesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_