



## King Solomon Christian School International

Blk 73 Lot 19 Labayani St. cor. Commonwealth Ave. North Fairview, QC

Tel. No.781-2172 / Telefax 238-4046

### RESERVATION FORM

Name of Pupil: \_\_\_\_\_ Age \_\_\_\_\_ Grade/Level: \_\_\_\_\_

Tick the appropriate box: ☐ Old student ☐ New Student ☐ Transferee

(For transferee, a card with LRN number is required)

Name of Previous School: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

Date Reserved: \_\_\_\_\_ O.R.No. \_\_\_\_\_

Received by: \_\_\_\_\_ Target Date of Enrollment: \_\_\_\_\_

#### Documents submitted:

\_\_\_ Birth Certificate (new student and transferees)

\_\_\_ Chest X-ray Result (new student and transferees)

\_\_\_ Form 138/Report Card (for transferees)

\_\_\_ Good Moral Certificate (for transferees)

*(Reservation fee of P600.00 is non-refundable but will be deducted to the enrolment fee. Just present your official receipt to the person in charge in the enrolment)*



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