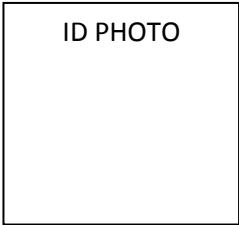




ASIAWISE STUDY CENTER, INC.

Sta. Cruz Proper corner Barlin Sts., Sta. Cruz, Naga City 4400
"Where excellence is a habit"



STUDENT ENROLLMENT FORM

A. Personal data

Name _____ Nickname _____

Address _____

Email Address _____ Contact number (s) _____

Birth date _____ Sex _____ Age _____ Citizenship _____

Religion _____ Language(s) Spoken _____

Height _____ Weight _____ Hobbies _____

Father's name _____

Father's birth date _____ Father's contact number _____

Father's e-mail address _____ Father's occupation _____

Mother's name _____

Mother's birth date _____ Mother's contact number _____

Father's e-mail address _____ Mother's occupation _____

B. Program applied for (Please shade appropriate box, specify on space provided)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asiawise Light | <input type="checkbox"/> Asiawise Scholar | <input type="checkbox"/> Asiawise Upgrade _____ |
| <input type="checkbox"/> Asiawise Wizard | <input type="checkbox"/> Asiawise Solo | <input type="checkbox"/> Asiawise Research _____ |
| <input type="checkbox"/> Asiawise Value | <input type="checkbox"/> Asiawise Academia _____ | <input type="checkbox"/> Other _____ |

C. Period covered _____ C.1. New Student Old Student

D. How did you know about ASIAWISE? (e.g. friend, relative, FB, tarpaulin, flier) _____

E. School /Office/ Organization _____ Gov't Private

Grade/Year Level _____ Honors Class? Yes No Gen. Average _____ Office Position/Rank _____

Favorite subjects _____ Least desired subjects _____

Availed of tutorial/review before? Yes _____ No _____ where? _____

Extra-curricular activities _____

I hereby affirm that all information stated herein is accurate.

SIGNATURE OVER PRINTED NAME

DATE