



EMAIL: INFO@LISABJ.ORG

TEL. NO.: 85532840, 67475325

LUKE INTERNATIONAL SCHOOL

STUDENT PERSONAL INFORMATION FORM

NAME OF THE STUDENT: _____
Last First Middle

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Day Month Year

NATIONALITY: _____

INCOMING GRADE: _____

FATHER'S NAME _____ PROFESSION: _____

PHONE NUMBER: _____ EMAIL: _____

FATHER'S EMPLOYER: _____

MOTHER'S NAME _____ PROFESSION: _____

PHONE NUMBER: _____ EMAIL: _____

MOTHER'S EMPLOYER: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

PERSONS OTHER THAN PARENTS TO NOTIFY IN CASE OF EMERGENCY

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____



EMERGENCY HOSPITAL PREFERENCE: _____

DATE: _____

PARENT NAME

PARENT SIGNATURE

FOR STAFF REFERENCE ONLY

CHECK THESE FILES:

- IMMUNIZATION RECORD MEDICAL CERTIFICATE FROM PEDIATRICIAN BIRTH CERTIFICATE
LAST YEAR'S REPORT CARD 2 PASSPORT SIZE PHOTO