



APPLICATION FOR STUDENT ENROLLMENT 2010-2011
 Faith Academy Mindanao #7 Jade St., Marfori Heights, Davao City
 PHONE (082) 226-3103 (Bus. Office) 224-3852 (Admin. Office)
 FAX (082) 221-3559
 E-MAIL: fam.principal@faith.edu.ph
 Website: www.faith.edu.ph/mindanao

FAMILY NAME: _____ FATHER: _____ CITIZENSHIP: _____
 _____ MOTHER: _____ CITIZENSHIP: _____
 RESIDENCE: _____
 MAILING ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: _____
 E-MAIL: _____ CELL (Father's): _____ WORK PHONE: _____
 MISSION/COMPANY: _____ CELL (Mother's): _____ FAX: _____

PASSPORT NAME	NAME USED	SEX	Birthdate MM/DD/YY	Grade	CITIZEN	PASSPORT Number	Passport MM/DD/YY	VISA Type	Visa Exp MM/DD/YY	Social Security #

Other Information:

Semesters attending

"1"=First Semester only, "2"=Second Semester only
 "3"= Both Semesters

Students will live with

"P"=Parents, "A"=Another Family,
 "O"=Other Dorm

Is there a Learning Disability or Physical Handicap?

Explain if the answer is "Yes".

Language used at home:

***Billing Information**

Frequency of Payments:

"Y" for Yearly, "S" for Semi-Annually
 "Q" for Quarterly, and "M" for Monthly.

Tuition Fees Paid

"P" for Parents or "M" for Mission

Miscellaneous Charges paid

"P" for Parents or "M" for Mission

Send Statement

"P" for Parent, "M" for Mission, or "O" for Other.

Send Statement

"X"=FAX, "R"=Regular Mail, x, "E" for Email

Registration Fees: Enter "E" for Enclosed

PLEASE NOTE THAT THE APPLICATION CANNOT BE HONORED UNLESS ACCOMPANIED BY THE REGISTRATION FEE PAYMENT.

*** Please check website for fee structure & payment schedule.**
www.faith.edu.ph/mindanao

FOR OFFICE USE ONLY

Date rec'd _____ OR # _____ JV # _____
 Date _____ Date _____