



SHELOMITH LEARNING CENTER, INC.

H. Alquizola St., Poblacion, Barili, Cebu 6036
☎: 09278601044 | ✉: admin@shelomithlc.com

SY 2025 - 2026

LRN: _____

PERSONAL INFORMATION

PASSPORT
SIZE PICTURE
HERE

LAST NAME FIRST NAME MIDDLE NAME

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DATE OF BIRTH

PLACE OF BIRTH

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Month Date Year

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AGE

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GENDER

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NATIONALITY

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RELIGION

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COMPLETE HOME ADDRESS

STREET NAME BARANGAY TOWN CITY ZIP CODE

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LEARNER'S CONTACT NUMBER

EMAIL ADDRESS

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FAMILY INFORMATION

| | FATHER | MOTHER |
|---|--------|--------|
| NAME (LAST NAME, FIRST NAME, MIDDLE NAME) | | |
| HOME ADDRESS | | |
| NATIONALITY & RELIGION | | |
| COMPANY NAME | | |
| COMPANY ADDRESS | | |
| POSITION/JOB | | |
| TELEPHONE NUMBER (OFFICE) | | |
| TELEPHONE NUMBER (HOME) | | |
| EMAIL ADDRESS | | |

PREVIOUS SCHOOL ATTENDED

| GRADE/LEVEL | NAME & ADDRESS OF THE SCHOOL | ACADEMIC YEAR ATTENDED |
|-------------|------------------------------|------------------------|
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IN CASE OF EMERGENCY, PLS. NOTIFY:

PARENT / GUARDIAN

RELATIONSHIP TO APPLICANT

HOME ADDRESS

MOBILE NUMBER

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I certify that all informations written above is accurate, true and correct. By enrolling my child in SLC, i understand that we, parents/guardians should comply with the school's existing policies and cooperate with all the school activities.

I will also comply to pay my financial obligations based on the payment plans stipulated by the school to help ease the financial burden of this institution.

PARENT'S/GUARDIAN SIGNATURE

DATE