



KC JOY EXCELLENT CHRISTIAN ACADEMY

BLOCK 91 LOT 15 MALIGAYA SAPANG-ALAT ROAD
PANGARAP VILLAGE BRGY 181.
(0912) 577-8798 | kcjeca@yahoo.com

STUDENT REGISTRATION FORM

Name of Student: _____

Grade level Applying for: _____ LRN: _____

Date of Birth: _____ Gender: _____ Religion: _____

Student type: ☐ New Student ☐ Transferee

Address and Contact Information

Address: _____

Email: _____ Cellphone No: _____

Parent's Information

Mother's Name: _____ Occupation: _____

Contact No: _____

Father's Name: _____ Occupation: _____

Contact No: _____

Data Accuracy and Privacy

By signing below, I certify that I am authorized to do so, and the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial or revocation of enrollment. In accordance with the Data Privacy Act of 2012; I hereby authorize KC Joy Excellent Christian Academy. to collect, process, use and share any personal and sensitive information furnished as deemed necessary for my registration enrollment to the school for any school-related researches and processes for as long as my anonymity is kept confidential.

Signature Above Printed Name