



Leader in Quality Education
STARGLOW
CENTER FOR ACADEMICS AND ARTS

AY 2025-2026 **ENROLLMENT FORM** KINDERGARTEN TO YEAR 10

CHECK YOUR LEVEL

- KFS KAS YEAR 1 YEAR 2 YEAR 3 YEAR 4
 YEAR 5 YEAR 6 YEAR 7 YEAR 8 YEAR 9 YEAR 10

NAME:

AGE: BIRTHDAY: CELLPHONE NUMBER:

ADDRESS:

PRESENT SCHOOL:

FATHER'S NAME:

FATHER'S OCCUPATION:

FATHER'S CP NUMBER:

MOTHER'S NAME:

MOTHER'S OCCUPATION:

MOTHER'S CP NUMBER:

In case not living with parents due to parents working out of town, abroad or any other reason, list down names of Guardian here.

1. NAME:

RELATIONSHIP: CP NUMBER:

2. NAME:

RELATIONSHIP: CP NUMBER:

Printed Name Considered as Signature of Applicant

Printed Name Considered as Signature of Parent