

# Creative Learning School, Inc. (CLSI)

## APPLICATION DATA SHEET

Please fill in the corresponding data and submit/send to this email address: [clsi\\_pasig@yahoo.com.ph](mailto:clsi_pasig@yahoo.com.ph) .

This shall confirm your intention to enroll in CLSI.

1. COMPLETE NAME OF STUDENT APPLICANT

\_\_\_\_\_ (Surname, First Name, Middle Name)

1. COMPLETE DATE OF BIRTH \_\_\_\_\_  
(mm/dd/yyyy)

2. HOME ADDRESS \_\_\_\_\_

3. NAME OF PARENT/GUARDIAN FILLING UP THIS FORM:

\_\_\_\_\_ /  
CONTACT NUMBERS \_\_\_\_\_  
(Mobile, Landline)

EMAIL ADDRESS \_\_\_\_\_

5. Previous school attended \_\_\_\_\_  
(if applicable)

LRN (Learner's Registration Number) \_\_\_\_\_