



REGISTRATION FORM

PERSONAL INFORMATION

First Name: Last Name:

Gender Male Female Date of Birth:
D D M M Y Y Y Y

Email: Phone #:

Address:

Last Institution Attended: Number of Years Attended:

Previous Skill/ Skills:

Parental Care: Yes No Medical Alert: Yes No

Type of Disability: Severity of Disability Mild Moderate Severe

Current Employment Status: Employed Unemployed Seld Employed Student

If unemployed what is/are your source/ sources of income? Remittances PATH Church Family Support Other
If "other" please specify:

How will your education be financed? Self Family Scholarship Grant Other
If "other" please specify:

Do you own or have access to the following? Laptop Desktop Tablet Smart Phone Other
Do you have access to the internet? Yes No

Were you previously a student of the Abilities Foundation? Yes No

PARENTAL INFORMATION

Mother's/Guardian's Name:

Telephone Number/s:

Mother's/Guardian's Place of Work:

Mother's/ Guardian's Address:

Father's/Guardian's Name:

Telephone Number/s:

Father's/Guardian's Place of Work:

Father's/ Guardian's Address:

EMERGENCY CONTACT 1

Name:

Relationship:

Telephone Number's:

EMERGENCY CONTACT 2

Name:

Relationship:

Telephone Number's:

SKILL AREA FOR ENROLLMENT

Select Skill Area for Enrollment:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Data Operations L1 | <input type="checkbox"/> Data Operations L2 | <input type="checkbox"/> Furniture Making | <input type="checkbox"/> Gourmet Construction |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Website Design & Development |

Nature of Disability

- | | | | |
|--|--|--------------------------------|--|
| <input type="checkbox"/> Visual Impaired | <input type="checkbox"/> Blindness | <input type="checkbox"/> Deaf | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other | |

TO BE COMPLETED BY OFFICIAL

Documents Required. (Documents will be requested upon acceptance):

- Copy of Birth Certificate
- 2 Passport Photographs
- N.I.S
- T.R.N
- School Report
- Letter from JCPD/ID
- A Psycho-Educational Evaluation
- Payment Voucher

This information that I have submitted in this document is true and correctly represents the applicant's personal data.

Applicant's Signature:

Parent's/ Guardian's Signature

Coordinator's Signature:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y