

**SIZANG BURMESE MISSION CHURCH
CHURCH SCHOOL ENROLLMENT FORM 2022-2024**

Date: _____

Age (Kum): _____

STUDENT INFORMATION: (Must be completed by Parent or Guardian/Nu le Pa na phik tu)

Full Name (Min Pi): _____

Gender: Male: _____ Female: _____

Date of Birth (SuaNi): _____ Birth Place (Sua na Mun): _____

Current Address (Tu lai tak om na Inn Address)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION: (Nu le Pa te Min, Phone, Email le Inn Phone)

Pa Min: _____ Nu Min: _____

Pa Cell Phone: _____ Nu Cell Phone: _____

Pa Email: _____ Nu Email: _____

Home Phone (Inn Phone): _____

MEDICAL/ALLEGY INFORMATION (Dam ngawl na/ Ann neak taw a ki lem pui ngawl te Sya/Syama te kung heak sak na)

- Tulai tak dam ngawl na khat papo a nei ziam? A nei le _____
 - Neak le Dawn taw ki lem pui ngawl a om ziam? A om le _____
 - A dang belap nop a om ziam? A om le _____
- _____

Signature of Parent or Guardian (Nu/Pa Letmat)

For Church School Teacher Use Only	Date Received	Assigned Grade	Assigned Room	Remark (Note)