

Ateneo de Zamboanga University

Senior High School Student Data Updating Form

Name of Student: _____ Grade & Section: _____

Religion: _____ Citizenship: _____

Address: _____

Contact No/s Student: _____

Contact No/s Parents: _____

IP (Indigenous People) YES NO If yes, please specify: _____

Other Family/Household Members (aside from the parents) Authorized to Transact for the Student for S.Y. _____:

Name:	Relations to the Child (eg. Brother, Aunt, etc.)

NOTE: Those not in the list must present a Special Power of Attorney (SPA) when transacting for the student in ADZU SHS.

Parent/Official Guardian Name and Signature