



St. Scholastica's Academy

#2 West Drive, Marikina Heights, Marikina City

2" x 2"
picture
with
complete
nametag

INFORMATION SHEET SENIOR HIGH SCHOOL SCHOOL YEAR _____

Name: _____ Entering Grade Level: _____

LAST NAME GIVEN NAME MIDDLE NAME

(Please check one) New Student Old Student
 Returnee (former student of SSAM)

A. ACADEMIC TRACK (Please check one)

General Academic Strand (GAS)

Accountancy, Business and Management (ABM)

Humanities and Social Sciences (HUMSS)

Science, Technology, Engineering & Mathematics (STEM)

B. ARTS AND DESIGN TRACK

Learner's Reference Number (LRN): _____

Home Address: _____

Date of Birth: _____

Place of Birth: _____ Nationality: _____ Religion: _____ Contact Nos. _____

Name of school last attended: _____

Grade Level: _____ School Year: _____ General Average: _____

Address of previous school: _____

Has the applicant been enrolled at ST. SCHOLASTICA'S ACADEMY MARIKINA before? _____ Yes _____ No

If "yes", what school year? _____. What grade level? _____

Is applicant's mother an alumna of SSAM? _____ If "yes", what batch? GS _____ HS _____ SHS _____

FAMILY BACKGROUND

FATHER

Name: _____
(put + if deceased)

Religion: _____

Date of Birth: _____

Place of Birth: _____

Educational Attainment: (Pls. check one)

___ Doctorate ___ Masteral ___ College

___ Undergraduate (College/High School/Grade School)

___ Vocational / Technical

___ Others (specify) _____

Occupation: _____

Monthly income: _____

Name & Address of Business/Office: _____

Contact Nos. _____

MOTHER

Name: _____
(put + if deceased)

Religion: _____

Date of Birth: _____

Place of Birth: _____

Educational Attainment: (Pls. check one)

___ Doctorate ___ Masteral ___ College

___ Undergraduate (College/High School/Grade School)

___ Vocational / Technical

___ Others (specify) _____

Occupation: _____

Monthly income: _____

Name & Address of Business/Office: _____

Contact Nos. _____

List down brothers and sisters of the applicant starting with the eldest:

Name	Sex	Age	Civil Status	Grade Level (student) Occupation (working)	Name of School Name of Company
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If student is not staying with parents, fill out the following:

Guardian's Name: _____ Relationship with the applicant: _____

Home Address: _____

Occupation: _____ Contact Nos. _____

Name & Address of Business/Office: _____

_____ Contact Nos. _____

Signature over Printed Name of Parent(s) / Guardian

Signature over Printed Name of Applicant

Application Fee: _____

Date of Interview: _____

O.R. Number: _____ Date Paid: _____

Test Date: _____