



St. Scholastica's Academy

2 West Drive St. Marikina Heights
Marikina City

2" x 2"
Picture
with
complete
nametag

INFORMATION SHEET SENIOR HIGH SCHOOL SCHOOL YEAR _____

STUDENT NUMBER
SHS _____

Name: _____ Entering Grade: _____

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

Academic Tracks: (Please check one)
 General Academic Strand (GAS)
 Business, Accountancy, Management (ABM)
 Humanities, Social Sciences (HUSS)
 Science, Technology, Engineering, Mathematics (STEM)
 Arts and Design

Home Address: _____

Date of Birth: _____

Place of Birth: _____ Nationality: _____ Religion: _____ Telephone/Mobile No. _____

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 / YEAR LEVEL? _____

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

FAMILY BACKGROUND

FATHER

MOTHER

Name: _____
(put + if deceased)

Name: _____
(put + if deceased)

Religion: _____

Religion: _____

Date of Birth: _____

Date of Birth: _____

Place of Birth: _____

Place of Birth: _____

Educational Attainment: (Pls. Check one)

Educational Attainment: (Pls. Check one)

___ Doctorate ___ Masteral ___ College

___ Doctorate ___ Masteral ___ College

___ Undergraduate (Coll./ H.S. / G.S.)

___ Undergraduate (Coll./ H.S. / G.S.)

___ Vocational / Technical

___ Vocational / Technical

___ Others (specify) _____

___ Others (specify) _____

Occupation: _____

Occupation: _____

Name & Address of Business/Office: _____

Name & Address of Business/Office: _____

Tel. No. _____

Tel. No. _____

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/Firm
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

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

Home Address: _____

Occupation: _____ Tel. No. _____

Name & Address of Business/Office: _____

_____ Tel. No. _____

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: _____