



# St. Scholastica's Academy

2 West Drive, Marikina Heights  
Marikina City

2" x 2"  
picture  
with  
complete  
nametag

APPLICANT NO. \_\_\_\_\_

## INFORMATION SHEET

SCHOOL YEAR \_\_\_\_\_

Name of Student : \_\_\_\_\_ Entering Grade Level: \_\_\_\_\_

LAST NAME GIVEN NAME MIDDLE NAME

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

Learner's Reference Number (LRN): \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Name of school last attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address of 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 \_\_\_\_\_

### 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 Company: \_\_\_\_\_

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 Company: \_\_\_\_\_

Contact Nos. \_\_\_\_\_

List of brothers/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 in the following:

Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Signature over Printed Name of Parent(s) / Guardian

Application Fee: \_\_\_\_\_

O.R. Number \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Test Date: \_\_\_\_\_