



To be filled up by the admin:  
 Level: \_\_\_\_\_  
 Payment Scheme: [A] [B] [C] [D]  
                           [ ] Preschool  
                           [ ] Grade school

### Student Information Sheet

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
                   Surname                  First Name                  Middle Name  
 Level Applying For: \_\_\_\_\_ Age as of June 20\_\_\_\_: \_\_\_\_years old & \_\_\_\_ months  
 Address: \_\_\_\_\_  
 Residential Phone Number/s: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Order of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Siblings: \_\_\_\_\_

Name	Age	School
1.		
2.		
3.		
4.		
5.		

Child is living with:    [ ] Both parents  
                                   [ ] Father only  
                                   [ ] Mother only  
                                   [ ] Relatives/ Guardian only  
                                     • Please specify who: \_\_\_\_\_  
                                     • Relation to child: \_\_\_\_\_

If Any:  
 Previous school attended: \_\_\_\_\_  
 Primary language spoken at home: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Occupation/ Company Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Office Number: \_\_\_\_\_ Office Hours: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Occupation/ Company Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Office Number: \_\_\_\_\_ Office Hours: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Occupation/ Company Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Office Number: \_\_\_\_\_ Office Hours: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_



Please fill-in as may be applicable:

Name of Child's Developmental Pediatrician: \_\_\_\_\_

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

Clinic Schedule: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Name of

Developmental Pediatrician: \_\_\_\_\_ Contact #: \_\_\_\_\_

Speech Therapist: \_\_\_\_\_ Contact #: \_\_\_\_\_

Therapy Center: \_\_\_\_\_ Contact #: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_ Contact #: \_\_\_\_\_

Therapy Center: \_\_\_\_\_ Contact #: \_\_\_\_\_

Therapy Schedule:

Day	Time	Place

I hereby declare that all data and information I supplied in this form are true and correct. I further declare that I have not withheld vital or critical information that may affect my child's enrolment with the school. I shall submit to the school's actions or disposition in event that it is established important information has not been disclosed in this form.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

Pre-enrollment Requirements:

- 6 pcs. of 1 x 1 ID pictures (taken within last 3 months)
- Photocopy of Birth Certificate
- Photocopy of Immunization Records
- Doctor's Certificate (hearing, sight check-up and/or list of previous illnesses)
- Letter of Recommendation from previous school (Preschool only)
- Form 138/137 (Grade school only) or Developmental Checklist (Pre School)

SPED Requirements:

- Developmental Pediatrician's Report
- Speech and Occupational Therapist's Report