



# St. Scholastica's Academy

#2 West Drive, Marikina Heights, Marikina City

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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)

- A. ACADEMIC TRACK (Please check one)
- General Academic Strand (GAS)
  - Accountancy, Business and Management Strand (ABM)
  - Humanities and Social Sciences Strand (HUMSS)
  - Science, Technology, Engineering & Mathematics Strand (STEM)
- B.  ARTS AND DESIGN TRACK

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

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

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

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

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