



St. Scholastica's Academy
 2 West Drive St., Marikina Heights,
 Marikina City

2"x2" picture
 with complete nametag

OFFICE OF THE REGISTRAR

Tel. No. 941-9497
 Email: registrar@ssam.edu.ph
 Website: www.ssam.edu.ph

GRADE SCHOOL INFORMATION SHEET
 SCHOOL YEAR 20____ - 20____

Student Number (DO NOT FILL)	(Name in Birth Certificate) Last Name Given Name Middle Name	Entering Grade Level
<input type="checkbox"/> New Student	<input type="checkbox"/> Returnee (former student of SSAM)	Date of Birth
Learner Reference Number (LRN)		Place of Birth
Home Address		Mobile Number
Nationality	Religion	Landline
Name of School Last Attended		Grade Level
Address of School		
Has the applicant been enrolled at St. Scholastica's Academy – Marikina before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what school year? _____ What grade level? _____		
Is applicant's mother an alumna of SSAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what batch? GS _____ HS _____

EDUCATIONAL BACKGROUND

	Name of School	School Address	Years Attended
Nursery			
Kindergarten			
Elementary			

FAMILY BACKGROUND

Father's Name (put + if deceased)	Mother's Name (put + if deceased)
Religion	Religion
Date of Birth	Date of Birth
Place of Birth	Place of Birth
Educational Attainment _____ Doctorate _____ Masteral _____ College _____ Undergraduate (College/ High School/ Grade School) _____ Vocational / Technical _____ Others (specify) _____	Educational Attainment _____ Doctorate _____ Masteral _____ College _____ Undergraduate (College/ High School/ Grade School) _____ Vocational / Technical _____ Others (specify) _____
Occupation	Occupation
Monthly Income	Monthly Income
Name and Address of Company	Name and Address of Company
Contact Numbers	Contact Numbers
Specimen Signature	Specimen Signature

List of siblings of the applicant starting with the eldest:					
Name	Sex	Age	Civil Status	Grade Level (student) Occupation (working)	Name of School/ Company

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

Guardian's Name	Relationship with the student
Home Address	Contact Numbers
Occupation	Specimen Signature
Name and Address of Business / Office	

PERSONAL DATA PROTECTION ACT CONSENT

I, _____ acting as the legal guardian of _____ who is currently applying for entrance/admission/enrollment into St. Scholastica's Academy - Marikina am giving consent for SSAM to collect, use, share and process our personal data in relation to the purpose of entrance/admission/enrollment to the academy.

By signing this form, I acknowledge that our personal data will/may be disclosed to the Department of Education or other government agencies/institutions for the purpose of school compliance.

Signature over Printed Name of Parent/s

Signature over Printed Name of Guardian

To be accomplished by the Registrar's Staff			
Application Fee		Date of Interview	
O.R. Number		Test Date	
Date Paid		Processed by	
ADMISSION REQUIREMENTS			
	Original copy and photocopy of PSA Birth Certificate		Certificate of Good Moral Character (Grades 2-6 only)
	Original copy and photocopy of Catholic Baptismal Certificate		Child's Behavior Checklist (Grade 1 only)
	Original copy and photocopy of Progress Report Card		Recommendation Form (Grades 5 & 6 only)
	3 pcs. 2"x2" picture with complete nametag		Accomplished GS Information Sheet
			Accomplished Student Personal Data Sheet
TRANSFER CREDENTIALS			
	Original and photocopy of Progress Report Card / Form 138/SF9 (with final rating per subject, general average and signature of the Principal/Directress)		
	Official Transcript of Records (Form 137) / Learner's Permanent Record (SF 10) Copy for St. Scholastica's Academy - Marikina (except for incoming Grade 1)		
	Original copy of Certificate of Kindergarten Completion (for incoming Grade 1) or ECCD/ECD Checklist		
ADDITIONAL REQUIREMENTS			
	Certificate of Recognition as a Filipino Citizen (if with dual citizenship)		
	Photocopy of Philippine Passport (if with dual citizenship)		