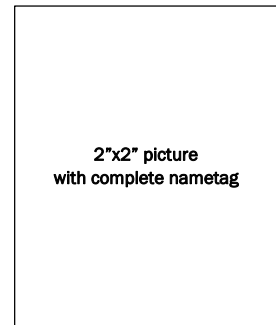




**St. Scholastica's Academy**  
 2 West Drive St., Marikina Heights,  
 Marikina City



**OFFICE OF THE REGISTRAR**

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

**NURSERY AND KINDERGARTEN INFORMATION SHEET**  
 SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_

<b>Student Number</b> (DO NOT FILL)	Name in Birth Certificate		<b>Entering Grade Level</b>
	<b>Last Name</b>	<b>Given Name</b>	
<input type="checkbox"/> <b>New Student</b>	<input type="checkbox"/> <b>Returnee</b> (former student of SSAM)		<b>Date of Birth</b>
<b>Learner Reference Number</b> (for enrolled Kindergarten only)			<b>Place of Birth</b>
<b>Home Address</b>			<b>Landline</b> <b>Mobile Number</b>
<b>Nationality</b>		<b>Religion</b>	<b>Landline</b>
<b>Name of School Last Attended</b>			<b>Grade Level</b>
<b>Address of School</b>			
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			
Prekindergarten			

**FAMILY BACKGROUND**

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

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		Child's Behavior Checklist
	Original copy and photocopy of Catholic Baptismal Certificate		Accomplished N/K Information Sheet
	Original copy and photocopy of Learner's Progress Report (for incoming Kindergarten only)		Accomplished Student Personal Data Sheet
	3 pcs. 2"x2" picture with complete nametag		
TRANSFER CREDENTIAL FOR INCOMING KINDERGARTEN ONLY			
	Original and photocopy of Learner's Progress Report or Certificate of Completion		
ADDITIONAL REQUIREMENTS			
	Certificate of Recognition as a Filipino Citizen (if with dual citizenship)		
	Photocopy of Philippine Passport (if with dual citizenship)		