



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

2"x2" picture
with complete nametag

OFFICE OF THE REGISTRAR
89419497/09151443430/09603409287
registrar@ssam.edu.ph
admissions@ssam.edu.ph
www.ssam.edu.ph

SSAM-ROF01-2023

GRADE SCHOOL INFORMATION SHEET
SCHOOL YEAR 2023 – 2024

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 (a 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 the 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
Email Address	Email Address

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 the 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	
Email Address	

PERSONAL DATA PROTECTION ACT CONSENT

I, _____, parent / 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 Enrolment (for Grade 1) / Good Moral Character for Grades 2-6
Original copy and photocopy of Baptismal Certificate	SSAM Recommendation Form (For Grades 5 & 6 only)
Original copy and photocopy of Progress Report Card	Accomplished GS Information Sheet
3 pcs. 2"x2" picture with a complete nametag	Accomplished Student Personal Data Sheet

OTHER ADDITIONAL REQUIREMENTS	

Noted by:

_____ School Registrar

Remarks: _____

Date: _____

UT IN OMNIBUS GLORIFICETUR DEUS - THAT IN ALL THINGS, GOD MAY BE GLORIFIED!