

2"x2" picture with complete nametag

OFFICE OF THE REGISTRAR

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SSAM-R0F01-2023

JUNIOR HIGH SCHOOL INFORMATION SHEET SCHOOL YEAR 2023 – 2024

					T		
Student Number (DO NOT FILL)	(Name in Birth Certificate)				Entering Grade Level		
(DO NOT FILL)							
	Last Name	Giver	n Name	Middle Name			
		7			Date of Birth		
New Stu		Returnee (a fo	ormer student o	of SSAM)			
Learner Reference Nui	Place of Birth						
Home Address					Mobile Number		
Nationality		Religion			Landline		
Name of School Last A		1			Grade Level		
Name of School Last A	Attended				Grade Level		
Address of School	-	-		ESC Student ID Number (If	ESC grantee)		
Has the applicant been	n enrolled at St. Scholastica	's Academy – Ma	rikina before?				
		_		Yes	No		
If yes, what school year? What grade level?							
Is the applicant's moth	ner an alumna of SSAM?			If yes, what batch	?		
		Yes	L No		HS		
EDUCATIONAL BACI					_		
	Name of School	ol		School Address	Years Attended		
Nursery							
Kindergarten							
Elementary							
Junior High School							
FAMILY BACKGROU Father's Name (put + i.			Matharia Na	ma (nut + if dagaged)			
rather's Name (put + h	i deceased)		Wouller's Na	me (put + if deceased)			
Religion			Religion				
Date of Birth			Date of Birth				
Place of Birth			Place of Birth				
Flace of Birth			Flace of Bill	11			
Educational Attainment			Educational Attainment				
Doctorate Masteral College Undergraduate (College/ High School/ Grade School)			Doctorate Masteral College Undergraduate (College/ High School/ Grade School)				
Undergraduate (Conlege/ Fight School/ Grade School)				ional / Technical	our Grade School		
Others (specify))		Other	s (specify)			
Occupation			Occupation				
-			-				
Email address			Email Address				

Contact Numbers				Contact Numbers				
Specimen Signature				Specimen Signature				
List of siblings of the applicant starting	ı with the	eldest:						
Name	Sex	Age	Civil	Status		Grade Level (student) National Occupation (working)		
If a student is not staying with parents	, fill in th	e following	 :					
Guardian's Name						Relationship with the	e student	
Home Address						Contact Numbers		
Occupation						Specimen Signature		
Name and Address of Business / Office	!							
Email Address								
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								
	01 55							
To be accomplished by the Registrar's	Staff			Date of Interview (waived)				
Application Fee				Test Date (waived)				
O.R. Number				Processed by				
Date Paid								
ADMISSION REQUIREMENTS								
	Original copy and photocopy of PSA Birth Certificate Original copy and photocopy of Baptismal Certificate				Accomplishe	d Student Personal Date	ta Sheet	
Original copy and photocopy	·				Certificate of	Good Moral Character		
Report Card					Recommend			
Original copy and photocopy 2022) grade level Progress R			2021-	(For ESC grantees from the originating school)		school)		
3 pcs. 2"x2" picture with com	plete nar	netag			Application	g Grade 7 only: Accomp Form (if applying for go	overnment subsidy	
Accomplished JHS Information Sheet For incoming Grade 7 only: Accomplished ESC (if applying for 13K government subsidy)								
OTHER ADDITIONAL REQUIREMENTS								
Noted by:								
School Registrar		F	Remarks:			Date:		

Name and Address of Company

Name and Address of Company