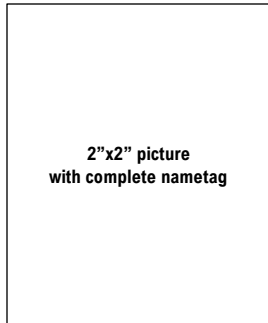




St. Scholastica's Academy
 2 West Drive St., Marikina Heights,
 Marikina City



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

SSAM-ROF01-2023

NURSERY AND KINDERGARTEN INFORMATION SHEET
SCHOOL YEAR 2023 - 2024

Student Number (DO NOT FILL)	Name as per Birth Certificate	Entering Grade Level
	Last Name Given Name Middle Name	
<input type="checkbox"/> New Student	<input type="checkbox"/> Returnee (a former student of SSAM)	Date of Birth
Learner Reference Number <i>(for a few enrolled Kindergarten only)</i>		Place of Birth
Home Address		Landline 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			
Prekindergarten			

FAMILY BACKGROUND

Father's Name <i>(put + if deceased)</i>	Mother's Name <i>(put + if deceased)</i>
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

