



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

SENIOR HIGH SCHOOL INFORMATION SHEET
SCHOOL YEAR 2022 - 2023

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 (LRN)			Place of Birth
STRAND	<input type="checkbox"/> STEM	<input type="checkbox"/> ABM	<input type="checkbox"/> HUMSS
		<input type="checkbox"/> GAS	<input type="checkbox"/> ARTS & DESIGN
Home Address			Landline
Nationality		Religion	Mobile Number
Name of School Last Attended			Grade Level
Address of School		ESC Student ID Number (If ESC grantee)	
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			
Junior High School			

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
Name and Address of Company	Name and Address of Company
Contact Numbers	Contact Numbers

Email Address	Email Address
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	
<p>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.</p> <p>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.</p>	
<p>_____</p> <p>Signature over Printed Name of Parent/s</p>	<p>_____</p> <p>Signature over Printed Name of Guardian</p>

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
	Original copy and photocopy of Baptismal Certificate		SSAM Recommendation Form
	Original copy and photocopy of Grade 9 Progress Report Card		For Private School Grade 10 ESC Completer: ESC Certificate with ESC SID and ESC SIN
	Original copy and photocopy of Grade 10 Progress Report Card		For Voucher Applicant: QVA Certificate
	Accomplished SHS Information Sheet and Student Personal Data Sheet		For Grade 10 Completer from Public School or State/Local Universities/Colleges: Certificate of Completion with LRN
	NCAE Certificate of Rating (COR) if any		For PEPT Passer: PEPT Certificate of Rating
	3 pcs. 2"x2" picture with complete nametag		

OTHER ADDITIONAL REQUIREMENTS	

Noted by:

_____ Remarks: _____ Date: _____

School Registrar

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