



MERCEDARIAN SCHOOL, INC.

Blk. 89 Lots 29-30 Greater Lagro, Novaliches, Quezon City | 8-939-7684

ENROLLMENT FORM
(NEW STUDENT)



School Year :

Date :

Department : Grade Level :

Enrolled by : Contact No. :

Check the appropriate box only

☐ No LRN

☐ With LRN

☐ Returning (Balik-Aral)

STUDENT INFORMATION

INSTRUCTIONS: Print legibly all information required in CAPITAL letters. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.

LRN : PSA Birth Cert. No :

Full Name :

Last Name

First Name

Middle Name

Ext. Name e.g. Jr., III

Birthday : Gender : ☐ Male ☐ Female Age :

Belonging to any indigenous Peoples (IP) Community/Indigenous Cultural Community?

☐ No

☐ Yes

If Yes, PLease specify :

Mother Tongue : Religion :

Address :

House Number and Street

Barangay

City/Municipality/Province/Country

Zip Code

ACADEMIC INFORMATION

SCHOOLS ATTENDED

PRE-SCHOOL :

Name of School

Address

Grade Level

School Year

GRADE SCHOOL :

Name of School

Address

Grade Level

School Year

HIGH SCHOOL :

Name of School

Address

Grade Level

School Year

ACADEMIC HISTORY AND CONCERNS

	NO	YES		
✓ Has your child skipped a grade/level?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what grade/s?	<input type="text"/>
✓ Has your child ever had a failed grade/mark?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, in what subject/s?	<input type="text"/>
✓ Has your child ever been retained (repeated a grade)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what grade/s?	<input type="text"/>
✓ Has your child had any specific learning difficulties/ special needs/ disabilities or giftedness?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide details:	<input type="text"/>
✓ Has your child received extra help in school? (ie.: academic tutorial, IEP, Remedial classes)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please describe:	<input type="text"/>
✓ Has your child ever had a psycho-educational evaluation/ assessment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate result/findings (and submit a copy of the full report for the Guidance Office.)	<input type="text"/>
✓ Does your child have any medical condition/ physical disabilities/ impairments?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate (and provide a copy of the medical report for the School Clinic):	<input type="text"/>

ACADEMIC HONORS AWARDS ACADEMIC AWARDS EXTRA-/CO-CURRICULAR ACTIVITIES

Please indicate recent academic honors, distinctions, personal accomplishments and awards earned. Include positions held (elected/appointed officer) and other special responsibilities/ extra-curricular activities in and out of the school. Pls include the school year.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PARENT'S/GUARDIAN'S INFORMATION

Father's Name (Last Name, First Name, Middle Name)

Occupation :

Contact No. :

Mother's Name (Last Name, First Name, Middle Name)

Occupation :

Contact No. :

Guardian's Name (Last Name, First Name, Middle Name)

Occupation :

Contact No. :

Contact Person in case of emergency

☐ Father

☐ Mother

☐ Guardian

Guardian's Relationship :

Address :

Tel. No. :

Email Add. :

Martial Status:

☐ Married

☐ Widowed/-r

☐ Separated

☐ Live-in

☐ Annulled

☐ Others (pls. specify)

Siblings' Full Name	Birthdate <small>MM/DD/YYYY</small>	Age	Grade Level/Course	School / Occupation (If any)
1.				
2.				
3.				

Residence

Kindly indicate where the child is living. Please check.

☐ Family Home

☐ Guardian's Home

☐ Others (pls. specify)

How does your child get to school? Please check.

☐ School Service

☐ Family-owned vehicle

☐ Public Transport(commuter)

☐ Others (pls. specify)

Other information or changes you would want the school to know:

Eligibility for Elementary School Enrolment

Credential Presented for Grade 1:

☐ Kinder Progress Report

☐ ECCD Checklist

School Name :

School ID :

School Address :

For Learners in Junior High School

School Name :

School ID :

School Address :

School Year Graduated :

General Average :

For New Learners (Balik-Aral) and Those Who Shall Transfer/Move In

Last Grade Level Completed :

Last School Year Completed :

School Name :

School ID :

School Address :

We understand that this enrollment and admission to Mercedarian School, Inc. are subject to the following conditions:

That credentials and documents submitted to the Registrar’s Office become the property of Mercedarian School and will not be returned to the student;

That we agree to comply with the rules, policies and regulations of Mercedarian School as prescribed in its Student Manual and any other further issuances, memos and circulars.

We have fully read and understood all sections of this enrollment form and its process. We declare to the best of our knowledge, that the information supplied herein, and the documents supporting it, is correct, valid and complete.

(Signature over printed name)

PARENT/ GUARDIAN

(MM/DD/YYYY)

DATE SUBMITTED

Conformed by:

MRS. AMOR N. SEMILLANO

SCHOOL REGISTRAR

Approved by:

DR. CARMELA C. ORACION

SCHOOL PRINCIPAL