MONTESSORI DE MANILA

Primary • Elementary • Secondary Levels

73 P. Roman St., BF Executive Village, Las Piñas City 1740

E-1

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STUDENT'S ENROLLMENT FORM

S.Y. _____ - _____

ADMINISTRATIVE COPY: Please fill out ALL information ACCURATELY, COMPLETELY and tick appropriate boxes

PHOTO
1 X 1

ENTRY LEVEL: _____ ☐ New Student ☐ Old Student

(THIS PORTION IS APPLICABLE FOR SENIOR HIGH SCHOOL APPLICANTS ONLY)

ACADEMIC TRACK (Please choose one)

- ☐ Humanities & Social Sciences (HUMMS)
- ☐ Science, Technology, Engineering, and Mathematics (STEM)
- ☐ General Academic Strand (GAS)
- ■ Accountancy, Business and Management (ABM)

NATIONAL CAREER ASSESSMENT EXAMINATION (NCAE) RESULT

Track (First Choice) : _____

Strand : _____

Track (Second Choice) : _____

Strand : _____

STUDENT'S INFORMATION **DepEd Learner Reference Number (LRN):** ☐☐☐☐☐☐☐☐☐☐☐☐

Student's Legal Name: _____ _____
(Birth Certificate) Last Name/Surname First Name/s Middle Name Nickname

Date of Birth: _____ Age: _____ Gender: ☐ M ☐ F Citizenship: _____
Month Day Year

Place of Birth: _____ Religion: ☐ Catholic ☐ Christian ☐ Muslim ☐ Others: _____
City Country

Home Address: _____
House No. and Street Village/Subdivision Municipality/City Province/State Zip Code

Home Phone No./s: _____ Mobile No./s: _____

Language/s Spoken: _____ E-mail: _____

ACADEMIC INFORMATION

Last School Attended: _____ Grade/Level: _____

School Address: _____ Year Attended: _____

School Type: ☐ Public ☐ Private Talents / Skills / Inclination: _____

Award/s Received: _____

Reasons for Transfer to MDM (if applicable): _____

PARENTS' INFORMATION

Father: _____ Title: ☐ Dr. ☐ Mr. ☐ Others _____
Last Name /Surname First Name/s Middle Name

Date of Birth : _____ Age: _____ Citizenship: _____
Month Day Year

Place of Birth: _____ Religion: ☐ Catholic ☐ Christian ☐ Muslim ☐ Others: _____
City Country

Home Address (if different from child): _____
No. and Street Village/Subdivision Municipality/City Province/State Zip Code

Home Phone No./s (if different from child): _____ Mobile No./s _____

High School Graduate: ☐ Yes; year graduated _____ ☐ No (HS Undergraduate)

High School Name and Location: _____

College Graduate: ☐ Yes; year graduated _____ Degree Completed _____ ☐ No

University/College Name and Location: _____

Post Graduate Degree Completed: ☐ Yes; year graduated _____ Degree Completed _____ ☐ No

University/College Name and Location: _____

Occupation / Position: _____

Company Name: _____ Business Tel. No./s: _____

Company Address: _____ E-mail: _____

--- Please turn over ---

Mother: _____ Title: ☐ Dr. ☐ Mrs. ☐ Ms. ☐ Others _____
Last Name /Surname First Name/s Middle Name

Date of Birth : _____ Age: _____ Citizenship: _____
Month Day Year

Place of Birth: _____ Religion: ☐ Catholic ☐ Christian ☐ Muslim ☐ Others: _____
City Country

Home Address (if different from child): _____
No. and Street Village/Subdivision Municipality/City Province/State Zip Code

Home Phone No./s (if different from child): _____ Mobile No./s _____

High School Graduate: ☐ Yes; year graduated _____ ☐ No (HS Undergraduate)

High School Name and Location: _____

College Graduate: ☐ Yes; year graduated _____ Degree Completed _____ ☐ No

University/College Name and Location: _____

Post Graduate Degree Completed: ☐ Yes; year graduated _____ Degree Completed _____ ☐ No

University/College Name and Location: _____

Occupation / Position: _____

Company Name: _____ Business Tel. No./s: _____

Company Address: _____ E-mail: _____

Parent's/ Parents' Civil Status (Please check all applicable)

☐ Parents married ☐ Parents married but separated ☐ Father remarried
☐ Not married (live in) ☐ Not married (single parent) ☐ Mother remarried
☐ Father deceased ☐ Mother deceased ☐ Others _____

If child lives with and/or is co-parented by another adult such as a current spouse / partner of biological parent or a guardian, please fill out below:

Guardian _____ Title ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others: _____
Last Name/Surname First Name/s Middle Name

Date of Birth : _____ Age: _____ Citizenship: _____
Month Day Year

Place of Birth: _____ Religion: ☐ Catholic ☐ Christian ☐ Muslim ☐ Others: _____

Relationship to Child : ☐ Co-Parent ☐ Aunt / Uncle ☐ Grandparent ☐ Others: _____

Child addresses co-parent / guardian by what name? _____ Mobile No./s: _____

High School Graduate: ☐ Yes; year graduated _____ ☐ No (HS Undergraduate)

High School Name and Location: _____

College Graduate: ☐ Yes; year graduated _____ Degree Completed: _____ ☐ No

University/College Name and Location: _____

Post Graduate Degree Completed: ☐ Yes; year graduated _____ Degree Completed: _____ ☐ No

University/College Name and Location: _____

Occupation / Position: _____

Company Name: _____ Business Tel. No./s: _____

Company Address: _____ E-mail: _____

FAMILY INFORMATION

Total number of children in the family: _____ Child's sibling position: _____ Child is ☐ biological child ☐ adopted

Names of Brothers / Sisters of Applicant	Age	Civil Status	Highest Educational Attainment	School	Occupation	Company

Child lives with ☐ Father and Mother ☐ Father and Stepmother ☐ Mother only ☐ Father only
☐ Stepfather and Mother ☐ Guardian: Name _____ Relationship to child _____

Favorite activities of child at home _____
Whom does he/she appear closely attached to? _____

HEALTH INFORMATION

Is child diagnosed with any developmental disability/ies or learning difficulty/ies? ☐ No ☐ Yes
If YES, please specify _____
Is child currently being treated / taking medication? ☐ No ☐ Yes
Has child undergone any form of therapy / medication? ☐ No ☐ Yes
Please specify treatment facility / medication _____

Does your child have other illness/es, allergy/ies, significant behavioral findings, or delay in developmental milestones the school needs to be aware of? Please state. _____
_____

Name of person who referred you to MONTESSORI DE MANILA
_____

If you have any relative/s who is/are currently attending or has/have formerly attended MDM, please list below.

Name	Relationship	Contact Information

PLEASE INDICATE TO WHOM MONTESSORI DE MANILA SHOULD ADDRESS SCHOOL COMMUNICATION LETTERS:
Ex. Dr. and Mrs. Alberto Santiago, Mr. and Mrs. Jose Dela Cruz, Mr. Jose Cruz and Ms. Lisa Reyes, Ms. Susan Cruz, Mr. Jose Reyes _____

If any of the above information changes during the course of the school year, please fill out a new form at the Registrar's Office immediately.

We understand that as parents / guardians we shall abide by this learning institution's existing policies, rules, and regulations.

_____ _____
Parent's / Guardian's Signature above Printed Name Date