



FORM NO. 062

REGISTRAR'S COPY

APPLICANT'S INFORMATION SHEET

NOTE: Please write in CAPITAL LETTERS. Complete all sections of this Application Form.

Application Type	Student Information	Father's Information	Mother's Information	Siblings (Enrolled)	Siblings (Graduate)	Guardian's Information	Previous Schooling	Other Information	Declaration & Signature
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Step 1 of 10

SCHOOL YEAR : _____ - _____ LRN : _____ APPLICATION TYPE

Applying for Level	:	<input type="checkbox"/> Toddler	<input type="checkbox"/> Jr. Nursery	<input type="checkbox"/> Sr. Nursery	<input type="checkbox"/> Kindergarten
		<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 3	
Applicant Type	:	<input type="checkbox"/> New	<input type="checkbox"/> Old	<input type="checkbox"/> Returnee	<input type="checkbox"/> Transferee
For Returnees Please specify the last school year attended in Studentdesk IMS		<input type="text"/>			

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Step 2 of 10

STUDENT'S PERSONAL INFORMATION

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Nickname	<input type="text"/>
Age of child at the beginning of school year	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
Birth Country	<input type="text"/>
Birth Province	<input type="text"/>
Religion	<input type="text"/>
Citizenship	<input type="text"/>
Primary Language Spoken	<input type="text"/>
Secondary Language Spoken	<input type="text"/>



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	Step 2 of 10								

STUDENT'S HOME ADDRESS

House No. & Street Name	<input type="text"/>
Village / Subdivision	<input type="text"/>
Barangay	<input type="text"/>
City / Province	<input type="text"/>
State / Region	<input type="text"/>
Country	<input type="text"/>
ZIP Code	<input type="text"/>

PARENT'S INFORMATION

Applicant's Parent's are	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Not Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Living Together <input type="checkbox"/> Legally Separated
If parents are separated or divorced, the child stays with:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
If the child stays with Guardian, please indicate name:	<input type="text"/>		
Person/People authorized to claim child's report card / school records:	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Both Parents and Guardian	<input type="checkbox"/> Both Parents
State / Region	<input type="text"/>		
Country	<input type="text"/>		
ZIP Code	<input type="text"/>		
Combined Family Income (Annual)	<input type="checkbox"/> Php500,000 -Php1,000,000 <input type="checkbox"/> Php2,000,000-Php3,000,000	<input type="checkbox"/> Php1,000,0001-Php2,000,000 <input type="checkbox"/> Above Php3,000,0001	
Applicant's Tuition Fee Paid By:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian



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		Step 3 of 10							

FATHERS' INFORMATION

First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Last Name	<input type="text"/>		
Birth Date	<input type="text"/> <small>Year</small>	<input type="text"/> <small>Month</small>	<input type="text"/> <small>Day</small>
Religion	<input type="text"/>		
Citizenship	<input type="text"/>		
Civil Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widower	<input type="checkbox"/> Separated

CONTACT DETAIL

Telephone Number	<input type="text"/>
Mobile Phone Number	<input type="text"/>
Email Address	<input type="text"/>

BACKGROUND

Highest Educational Attainment	<input type="text"/>
Occupation / Field of Specialization	<input type="text"/>
Company / Business Name	<input type="text"/>
Company / Business Address	<input type="text"/>
Company / Business Telephone Number	<input type="text"/>
Country	<input type="text"/>
ZIP Code	<input type="text"/>



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Step 4 of 10

MOTHER'S INFORMATION

First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Last Name	<input type="text"/>		
Birth Date	<input type="text"/> <small>Year</small>	<input type="text"/> <small>Month</small>	<input type="text"/> <small>Day</small>
Religion	<input type="text"/>		
Citizenship	<input type="text"/>		
Civil Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widower	<input type="checkbox"/> Separated

CONTACT DETAIL

Telephone Number	<input type="text"/>
Mobile Phone Number	<input type="text"/>
Email Address	<input type="text"/>

BACKGROUND

Highest Educational Attainment	<input type="text"/>
Occupation / Field of Specialization	<input type="text"/>
Company / Business Name	<input type="text"/>
Company / Business Address	<input type="text"/>
Company / Business Telephone Number	<input type="text"/>
Country	<input type="text"/>
ZIP Code	<input type="text"/>



Application Type Student Information Father's Information Mother's Information **Siblings (Enrolled)** Siblings (Graduate) Guardian's Information Previous Schooling Other Information Declaration & Signature

Step 5 of 10

SIBLINGS ENROLLED IN STUDENTDESKIMS

If not applicable, skip this section

Name	Grade/Year	Section
<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"/>	<input type="text"/>	<input type="text"/>

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Step 6 of 10

SIBLINGS GRADUATED FROM STUDENTDESKIMS

If not applicable, skip this section

Name	Year Graduated
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Step 7 of 10

GUARDIAN'S INFORMATION (IF NOT LIVING WITH PARENTS)

If not applicable, skip this section

Name	<input type="text"/>
Relationship to student	<input type="text"/>
Address	<input type="text"/>
Telephone Number	<input type="text"/>



Step 8 of 10

STUDENT'S PREVIOUS SCHOOLING

If not applicable, skip this section

Grade/Year Level		Name and Address of School	Year/s Attended		Honors / Awards
From	To		From	To	
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 9 of 10

STUDENT'S HEALTH INFORMATION

Any allergies or peculiar disease? Yes No

If yes, please give details:

Has the child ever been forced to stop studying for four (4) or more weeks at a time because of poor health? Yes No

If yes, give details and please include the dates:

Hearing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Eyesight	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
General Health	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor



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Step 9 of 10

ADDITIONAL INFORMATION

FOR TRANSFEREES: Kindly state the reason/s why the applicant is transferring to Studentdesk IMS.

Was the applicant ever involved in any disciplinary case or misdemeanor?

 Yes No

If yes, state offense(s), date penalties/sanctions.

Has the applicant been diagnosed for any learning difficulty?

 Yes No

If yes, state the nature of his/her condition and submit report from the specialist upon application.

Are there other significant medical/behavioral findings about your child that the school should know?

 Yes No

If yes, describe his or her condition and submit medical certificate/clearance (from the physician/specialist) indicating that he/she can cope with the demands of a regular school on a full-time basis.

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Step 9 of 10

REASONS FOR CHOOSING STUDENTDESK INTEGRATED MONTESSORI SCHOOL

Please RANK from 1-7 your reason for choosing Studentdesk IMS (1 being the TOP reason)

<input type="checkbox"/>	Montessori Curriculum	<input type="checkbox"/>	Christian Character
<input type="checkbox"/>	Positive Culture	<input type="checkbox"/>	Experiential Learning
<input type="checkbox"/>	Small Class Size	<input type="checkbox"/>	English Speaking School
<input type="checkbox"/>	Kids are happy in Studentdesk IMS	Others	<input type="text"/>

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Step 10 of 10

DECLARATION AND SIGNATURE

The information on this form is supplied by me on the understanding that:

- It may be used for purposes relating to the enrollment of my child by members of the academic and administrative staff of SD IMS;
- It may be used for purposes of statistical information in the school;
- I have the right to see and correct, if necessary, the information I have provided;
- I have read and fully understood the restrictions and guidelines of this application;
- I understand and agree that failure on my part to complete admission requirements will nullify my child's eligibility to enroll;
- I am aware that all admitted applicants will be considered officially enrolled only upon completion of admission requirements and enrollment credentials.

I declare that all the information submitted on this application form and in the attached documents are correct and complete. I authorize Studentdesk Integrated Montessori School Inc., to obtain official records from any educational institution that my child have previously attended. As a parent/guardian, I understand that Studentdesk Integrated Montessori School Inc., reserves the right to vary or reverse any decision regarding admission or enrollment made on the basis of incorrect or incomplete information.

Approved and Accepted:

<p>_____ Parent's/Guardian's Signature Over Printed Name Date: ____/____/____</p>	<p>_____ Authorized Signature Date: ____/____/____</p>
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