



# ST. SIMON MONTESSORI SCHOOL

Calamba City, Laguna

**APPLICATION FOR  
ADMISSION**

Please PRINT or TYPE all  
information in block letters

LAST NAME

FIRST NAME

MIDDLE NAME

NICKNAME

Paste 1 x 1  
picture

LEVEL APPLIED FOR: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

## PERSONAL INFORMATION

DATE OF BIRTH

PLACE OF BIRTH

AGE

GENDER

NATIONALITY

RELIGION

DO NOT FILL-OUT  
DOCUMENTS SUBMITTED:  
\_\_\_\_ Form 138  
\_\_\_\_ Birth Certificate  
\_\_\_\_ Accomplished Admissions Form

COMPLETE HOME ADDRESS

No.

Street Name

Village/Subdivision

Barangay

Town

City

Zip Code

TELEPHONE NUMBER

MOBILE PHONE NUMBER

## EDUCATIONAL HISTORY

GRADE/YEAR LEVEL

NAME & ADDRESS OF SCHOOL

YEARS ATTENDED

_____	_____	_____
_____	_____	_____
_____	_____	_____

HONORS / AWARDS RECEIVED

\_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

	FATHER	MOTHER
NAME		
NATIONALITY		
HIGHEST EDUCATIONAL ATTAINMENT		
NATURE OF BUSINESS		
NAME OF COMPANY		
COMPANY ADDRESS		
POSITION		
OFFICE NUMBER/S		
MOBILE NUMBER		

NAME OF SIBLINGS

NAME:	GR./YR. LEVEL/OCCUPATION	SCHOOL/EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHILD HEALTH INFORMATION**

- Has your child ever been hospitalized?     Yes         No
- If so for what? \_\_\_\_\_
- Has the child been diagnosed with any of the following? (Please check and specify)
  - Vision impairment                      Please specify \_\_\_\_\_
  - Speech/Language delay                Please specify \_\_\_\_\_
  - Learning disability                      Please specify \_\_\_\_\_
  - Behavioral Disorder                      Please specify \_\_\_\_\_

In emergency, if unable to contact parent contact:

Most Accessible Relative:	PHONE:
Child's Pediatrician:	PHONE:
Address	

**OTHER INFORMATION**

How did you know about the school?

Referral     Streamers    Others \_\_\_\_\_

**I DECLARE THAT THE INFORMATION IN THIS APPLICATION FORM IS TRUE AND CORRECT**

\_\_\_\_\_  
Name & Signature of person filling this form

Relationship to applicant \_\_\_\_\_

Date filed: \_\_\_\_\_