



VIRGEN DEL PILAR SCHOOL
SISTERS OF CHARITY OF ST. ANNE
 ILOILO STREET, RODRIGUEZ, RIZAL

Attach
1x1
photo
here

HIGH SCHOOL APPLICATION FORM S.Y. 201__ to 201__

USE CAPITAL LETTERS. ONLY APPLICATION ACCOMPLISHED CORRECTLY AND COMPLETELY WILL BE PROCESSED

PERSONAL DATA

NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>LAST NAME</small>	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>
YEAR LEVEL	<input type="text"/>	DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/>
AGE	<input type="text"/>	SEX	<input type="text"/>
RELIGION	<input type="text"/>		DATE OF BAPTISM
	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
NATIONALITY	<input type="text"/>		E-MAIL ADDRESS
	<input type="text"/>		<input type="text"/>
MAILING ADDRESS	<input type="text"/>		
	<input type="text"/>		
TELEPHONE NUMBER.	<input type="text"/>	MOBILE NUMBER	<input type="text"/>

EDUCATIONAL BACKGROUND

GRADE SCHOOL	NAME AND ADDRESS OF THE SCHOOL	REGION	S.Y. GRADUATED
HIGH SCHOOL			
I			
II			
III			

FAMILY BACKGROUND

FATHER	MOTHER
<i>NAME</i>	
<i>CITIZENSHIP</i>	
<i>RELIGION</i>	
<i>HOME ADDRESS</i>	
<i>E-MAIL ADDRESS</i>	
<i>TEL.NO. & MOBILE NO.</i>	
<i>OCCUPATION</i>	
<i>EDUCATIONAL STATUS</i>	

BROTHERS / SISTERS IN VIRGEN DEL PILAR SCHOOL

NAME	LEVEL

GUARDIANS BACKGROUND [if not living with parents]

NAME	TEL. NO.	ADDRESS



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We certify that the information given herein is correct and complete. If admitted we are willing to abide by the rules and regulations of this school and accept the norms of discipline and other school activities we will be asked to undertake.

 Father's Signature Mother's Signature Applicant's Signature Date

HIGH SCHOOL APPLICANT'S HEALTH RECORD

NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>LAST NAME</small>	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>
YEAR LEVEL	<input type="text"/>	DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/>
		PLACE OF BIRTH	<input type="text"/>
AGE	<input type="text"/>	SEX	<input type="text"/>
		NAME OF PARENTS	<input type="text"/>
NAME OF GUARDIAN / ALTERNATE PERSON TO BE INTIMATED	<input type="text"/>		
TELEPHONE NUMBER.	<input type="text"/>	MOBILE NUMBER	<input type="text"/>

CHRONIC ILLNESS OR CONDITIONS

(Check if applicable)

ALLERGY(Specify the allergen)-----	HEART TROUBLE-----
-----	KIDNEY TROUBLE-----
ANEMIA-----	SINUS TROUBLE-----
DIABETES-----	EPILEPSY-----
OTHERS(Specify)-----	-----

CHECK IF STUDENT SUFFERS FREQUENTLY FROM THE FOLLOWING

HEADACHE-----	ABDOMINAL PAIN-----
COLDS-----	STOMACH UPSET-----
NOSE BLEED-----	DIARRHEA-----
SORE THROAT-----	CONSTIPATION-----
BRONCHITIS-----	FAINING SPELLS-----
EARACHE-----	DIZZINESS-----
TONSILLITIS-----	VOMITTING-----



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CONVUSIONS-----

MENSURAL PAIN-----

OTHERS(Specify)-----

IF STUDENT ACTIVITY SHOULD BE RESTRICTED IN ANY WAY, PARENTS MUST ADVISE THE PRINCIPAL IN WRITNG, UNDER SEPARATE COVER.

Father's Signature

Mother's Signature

Applicant's Signature

Date