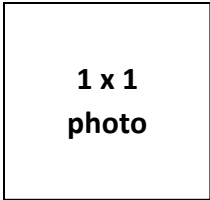


REQUIREMENTS:

- \_\_\_ Photocopy of NSO Birth Certificate
- \_\_\_ 4 (1 x1) recent identical pictures
- \_\_\_ Certification of Good Moral Character
- \_\_\_ Accomplished Recommendation Form
- \_\_\_ Photocopy of F-138 showing the latest grades certified by the Principal or Registrar
- \_\_\_ Application Fee of P600
- For Foreign Applicants only
- \_\_\_ Application Fee of Php700
- \_\_\_ Alien Certification of Registration or Special Study Permit



**Diliman Preparatory School**  
Commonwealth Ave., Diliman, Quezon City



**ENROLMENT APPLICATION**  
**ECE /Elementary / High School**

*PLEASE FILL OUT THIS FORM ONLINE. PRINT out and SUBMIT to the Registrar at Commonwealth Avenue, or call Mrs. Ventura at 951-9403*

Applicant No: \_\_\_\_\_

Grade Level/ Year Applied for \_\_\_\_\_ Date of Application: \_\_\_\_\_

S.Y. \_\_\_\_\_ O.R. \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Time: \_\_\_\_\_

**Directions:** Kindly **PRINT** all the necessary information. Check  answers preceded by a box. Please make sure that all items are answered. Write **N.A.** if it is **not applicable**.

**PERSONAL DATA**

Last Name	First Name	Middle Name	Nickname
Birth Date (month/day/year)	Age (years & months)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship Religion
Place of Birth	Number of siblings + applicant	Birth Order (1 <sup>st</sup> , 2 <sup>nd</sup> ...)	Email Address (if any)
Home Address		Landline Number	Mobile Number
Provincial Address		General Average & Rank	Date of Graduation
Languages/Dialects spoken at home		<input type="checkbox"/> Legitimate	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
Talents/ Special Skills		Hobbies and Interests	
<b>For FOREIGN STUDENTS only</b>			
ACR No. _____		Date of Issue _____	
Passport/ National ID Number _____		Place of Issue _____	

**FAMILY BACKGROUND**

	FATHER	MOTHER
Name		
Age		
Birth Date		
Place of Birth		
Religion		
Citizenship / Nationality		
Educational Attainment/Course		
School Graduated from		
	<input type="checkbox"/> Masters _____ <input type="checkbox"/> Certificate _____ School _____	<input type="checkbox"/> Masters _____ <input type="checkbox"/> Certificate _____ School _____
Home Address		
Home Phone & Mobile Numbers		
Email Address		
Occupation / Position Held		
Employer/Company	<input type="checkbox"/> OFW	
Business Address		
Business Telephone		
Annual Income		

**FAMILY MEMBERS**

Name of Sibling	Birth Date	Age	Gr./ Yr. Level/Occupation	School/Employer

**Other family members and/or household living with the applicant**

Name of Household member	Age	Relationship	Gr./ Yr. Level/Occupation	School/Employer

**SCHOOL HISTORY**

Gr. Yr. Level	Name of School	School Address	Inclusive Years
Preschool			To
Primary			To
Intermediate			To
High School			To
Honors / Awards Received _____		Gr. /Year Level Repeated	Attended Summer Classes S.Y. _____
_____		Number of Subjects Failed	<input type="checkbox"/> YES <input type="checkbox"/> NO

**For TRANSFEREES:** Please indicate the schools and reason for transfer

From \_\_\_\_\_ to \_\_\_\_\_  
 (previous school and Gr./Yr level) (present school and Gr./Yr level)

Reason for transferring: \_\_\_\_\_

Has the applicant been subjected to any disciplinary action in school? If yes, please describe the action and the sanction.

**HEALTH HISTORY**

Height	Weight	Body Composition	Immunizations:
Eyesight		Speech Difficulties	
Hearing		Allergies	Childhood Diseases
Other Medical Conditions			
Does the child have any physical handicaps or special needs which should be taken in consideration? Please specify.			

**SPECIMEN SIGNATURE**

	Signature 1	Signature 2
Student's Full Name		
Father's Full Name		
Mother's Full Name		
Guardian's Full Name		

Once FILLED OUT, please PRINT and SUBMIT to the DILIMAN PREP REGISTRAR or call 951-9403.