



ST. THERESA'S COLLEGE, QUEZON CITY

STUDENT'S INFORMATION SHEET

PERSONAL INFORMATION				
APPLICANT'S NAME <i>(Please write in print)</i>				
<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>
<i>Address</i>				
<i>Communication</i>	<i>Home Phone Number:</i>		<i>Mobile Number:</i>	
	<i>Email Address:</i>			
<i>Date of Birth</i>	/ /	<i>Age</i>		<i>Place of Birth</i>
<i>Nationality</i>			<i>Religion</i>	

EMERGENCY CONTACT/S		
NAME	RELATIONSHIP	TELEPHONE NUMBER

CHRISTIAN GROWTH		
	DATE	PLACE
BAPTISM		

FAMILY INFORMATION		
PARENTS' INFORMATION		
	FATHER	MOTHER
NAME		
AGE		
HOME ADDRESS		
HOME PHONE NUMBER		
RELIGION		
NATIONALITY		
SCHOOLS ATTENDED		
GRADE SCHOOL		
HIGH SCHOOL		
COLLEGE		
POST GRADUATE		
OCCUPATION		
INCOME		
WHERE EMPLOYED		
WORK PHONE NUMBER		
MARITAL STATUS:	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED <input type="checkbox"/> OTHERS _____	

CHILD'S SIBLING/S INFORMATION				
<i>☞ Place * before the name if not living with the family; ** if giving support to the family; + if deceased.</i>				
NAME	AGE	SCHOOL/ PLACE OF WORK	TUITION/SALARY	CONTACT NUMBER

GUARDIANS/ RELATIVES LIVING WITH THE CHILD (Place * if giving support to the child)				
NAME	AGE	RELATIONSHIP	OCCUPATION	CONTACT NUMBER

RELATIVES CURRENTLY ENROLLED AT ST. THERESA'S COLLEGE, QC		
NAME	RELATIONSHIP	GRADE/YEAR LEVEL

HEALTH INFORMATION

Please state any relevant medical condition/ diagnosis or condition that the school needs to know regarding your child (please check):

- primary complex
 bronchial asthma
 hyperacidity
 seizure/epilepsy
 allergy (specify) _____
 others _____

My daughter is currently undergoing medication for _____.

Clinically diagnosed conditions (such as ADHD, ADD, learning disability, Asperger's syndrome, selective mutism etc.): (specify) _____

*** Please submit a copy of **clinical diagnostic report** together with this application form. ***

In case the applicant is accepted, write special consideration needed, if any (e.g. regular medication, etc.)

Is the child fit to attend in a traditional classroom setting? _____

AUXILLIARY INFORMATION

How did you learn about the admission for Kinder and Transferees in St. Theresa's College, QC?

- posters/ tarpaulins
 flyers
 brochures
 website
 from: ___ friends ___ officemates ___ relatives others _____
 others _____

What are your reasons for choosing St. Theresa's College, QC. ?

- proximity
 Catholic education
 quality of graduates
 program of education
 values and social orientation

Other reason/s: _____

I hereby certify that the information contained in this student's information sheet is accurate and true.

PRINTED NAME & SIGNATURE OF RESPONDENT

DATE ACCOMPLISHED