



**ST. THERESA'S COLLEGE, QUEZON CITY**  
**STUDENT'S INFORMATION SHEET**

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

EMERGENCY CONTACT/S		
NAME	RELATIONSHIP	TELEPHONE NUMBER

CHRISTIAN GROWTH		
	DATE	PLACE
BAPTISM		
FIRST COMMUNION		
CONFIRMATION		

SCHOOL HISTORY			
LEVEL	SCHOOL	YEAR	AWARD
NURSERY			
KINDER			
ELEMENTARY			
HIGH SCHOOL			

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**

☞ Place \* before the name if not living with the family; \*\* if giving support to the family; + if deceased.

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	SCHOOL/ PLACE OF WORK	TUITION/SALARY	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