



NAGA PAROCHIAL SCHOOL

Corner Bagumbayan Sur and Ateneo Avenue, Naga City 4400 Philippines
 (054) 206-1656 / 206-1683 / www.nps.edu.ph / admission@nps.edu.ph

APPLICATION FORM (NURSERY I – GRADE II & SPED)

SCHOOL YEAR	STUDENT NUMBER:
GRADE LEVEL ENTRY	LEARNER'S REFERENCE NUMBER:
<input type="checkbox"/> NEW <input type="checkbox"/> TRANSFEREE <input type="checkbox"/> RETURNEE	

IMPORTANT: 1. Please print legibly all the needed information. PLEASE DO NOT ABBREVIATE AND DO NOT LEAVE ANY ITEM BLANK. If the information needed is not applicable, write "N/A". 2. STUDENT'S AND PARENT'S NAME MUST BE BASED ON THE CHILD'S BIRTH CERTIFICATE. 3. This form and all submitted documents in compliance with the Admission Requirements shall become the property of Naga Parochial School and are not to be returned to the applicant. 4. ONLY APPLICANTS WITH COMPLETE REQUIREMENTS WILL BE PROCESSED.	1.5 X 1.5 COLORED PHOTO
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APPLICANT'S PERSONAL INFORMATION (Details as indicated in the Birth Certificate)

NAME OF PUPIL					
LAST NAME	FIRST NAME	MIDDLE NAME	MIDDLE INITIAL USED	EXTENSION NAME	
COMPLETE PERMANENT HOME ADDRESS					
LOT NO, BLOCK NO, PHASE NO. HOUSE NO.	STREET	SUBDIVISION	BARANGAY	MUNICIPALITY/CITY	PROVINCE
DATE OF BIRTH:	PLACE OF BIRTH:	CITIZENSHIP:			
DATE OF BAPTISM:	PLACE OF BAPTISM:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
RELIGION: Roman Catholic (if not, please specify)					

ACADEMIC BACKGROUND

NAME OF SCHOOL LAST ATTENDED:	GRADE LEVEL:
SCHOOL ADDRESS:	SCHOOL YEAR:
SCHOOL CLASSIFICATION: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE-SECTARIAN <input type="checkbox"/> PRIVATE-NON SECTARIAN	
REASON FOR TRANSFERRING/ENROLLING YOUR CHILD AT NPS:	

SCHOOL HISTORY

SCHOOL YEAR	NAME OF SCHOOL /S ATTENDED	ADDRESS OF SCHOOL	GRADE LEVEL	SCHOOL ID

SIBLINGS STUDYING IN NAGA PAROCHIAL SCHOOL

NAME	GRADE LEVEL	NAME	GRADE LEVEL
1	4		
2	5		
3	6		

(Please proceed to the next page)

PLEASE DO NOT WRITE BELOW THIS LINE

CHECKLIST OF SUBMITTED REQUIREMENTS

<input type="checkbox"/> Original Report Card/ECCD Checklist	<input type="checkbox"/> Photocopy of PSA or LCR Birth Certificate
<input type="checkbox"/> Photocopy of Report Card/ECCD Checklist	<input type="checkbox"/> Photocopy of Baptismal Certificate
<input type="checkbox"/> Nursery Completion Certificate	<input type="checkbox"/> 2 Recent 1.5 x 1.5 ID Picture (with red background)
<input type="checkbox"/> Good Moral Character Certificate	<input type="checkbox"/> Photocopy of Passport for Dual Citizenship
<input type="checkbox"/> Recommendation Form	<input type="checkbox"/> Special Study Permit (SSP)
<input type="checkbox"/> Health Certificate	<input type="checkbox"/> Alien Certificate of Registration (ACR)
<input type="checkbox"/> Form 137 / Student Permanent Record	(Certificate of Recognition as Filipino/Certificate of Re-Acquisition of
<input type="checkbox"/> Certification for Kindergarten Honors (Top 1 & 2)	Citizenship/Naturalization Certificate)
	<input type="checkbox"/> Others _____
REMARKS: _____	
Processed/Evaluated by: _____ Date: _____	

NOTE: PLEASE BRING THE ORIGINAL COPY OF THE BIRTH & BAPTISMAL CERTIFICATES FOR VERIFICATION PURPOSES. THANK YOU.

NAME OF PUPIL:

PUT A CHECK (/) MARK IN THE BOX THAT ACCURATELY DESCRIBES YOUR CHILD			
	ALWAYS	SOMETIMES	NEVER
Has focus in doing an activity			
Plays harmoniously with other children			
Can easily follow directions			
Has temper tantrums			
Calm, does not move a lot			
Separates easily from parents			
Long attention span			
Can do things independently			

Please answer the following:

1. What usually motivates your child?

2. What usually upsets your child? What is the best way to calm him/her down?

3. How much time does your child spend interacting with technology? What is your gadget usage agreement?

4. Is your child fit to attend a traditional school setting? Yes No Why?

FAMILY BACKGROUND

Father's Full Name: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Mother's Complete Maiden Name: <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mobile Number:	Mobile Number:
Telephone Number:	Telephone Number:
Educational Attainment:	Educational Attainment:
Occupation:	Occupation:
Company/Business Name:	Company/Business Name:
Company/Business Address:	Company/Business Address:
Office Telephone Number:	Office Telephone Number:
Is the FATHER an NPS Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grade VI Batch Year: _____ <input type="checkbox"/> Grade X Batch Year: _____	
Parents are <input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Single Parent ___ Catholic Church <input type="checkbox"/> Father/Mother Working Abroad <input type="checkbox"/> Others _____ ___ Civil ___ Others	
Living Arrangement <input type="checkbox"/> With Parents <input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> Grandparents <input type="checkbox"/> With Relatives <input type="checkbox"/> In Boarding House / Dormitory/ Apartment <input type="checkbox"/> Others _____	

LEGAL GUARDIAN: *(if applicable)*

Name: _____ Relationship to the Child: Niece/Nephew
 Grandchild
 Brother/Sister
 Others _____

Address: _____
 Contact Number: _____

How did you know about Naga Parochial School?
 Newspaper Flyers/ Brochures Streamers Posters NPS Website NPS FB Page
 Orientation/Visits/Open House

Referred to me by:
 Friends Neighbor Relatives Parents Siblings Others _____
 NPS Teachers & Staff (please indicate the name) _____

I hereby attest to the completeness and accuracy of all information supplied in this form. I understand that withholding of information or giving false information may nullify my son's/daughter's application for admission or may jeopardize his/her continued stay after admission has been granted.

I willingly give my consent to use, process, disclose, transfer or share the information gathered and documents submitted to Naga Parochial School during the enrolment to serve the educational purposes of the school, and to enable it to comply with its legal and reportorial obligations under the law and regulations, as well as improve its educational services to the community.

 Parent/s or Authorized Guardian's Signature over Printed Name _____
 Date