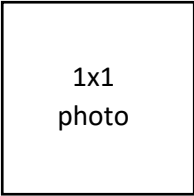




ST. SCHOLASTICA’S COLLEGE – WESTGROVE
Ayala Westgrove Heights, Silang Cavite

APPLICATION FORM



Incoming: () Pre-Kindergarten () Kindergarten Grade _____

Please fill-out the following information neatly and legibly.

FULL NAME _____
Last name First Name Last name Nickname

Home Address _____ Home Phone No. _____
House No. Street Village
Barangay City Village Zip Code

Place of Birth _____ Date of Birth _____ Age _____
Religion _____ Date of Baptism _____ Nationality _____
Date of Confirmation _____ Place of Confirmation _____

School Attended	Address	Level	Date Attended

Status of Parents: __ Married __ Living Together __Single Parent __ Widowed
__ Not Living Together __ Windowed Remarried
__ Legally Separated (Note: Please provide a court order re. legal custody of the child)

FATHER

MOTHER

Name _____

(Mark + if deceased)

Home Address _____ Home Address _____
House No. Street Village House No. Street Village
Barangay City Province Barangay City Province

Telephone Number/s _____
Office _____
Mobile Number/s _____
Fax _____

Email address _____

Date of Birth _____

Place of Birth _____

Nationality _____

Religion _____

Educational Attainment: Course _____

Graduate Studies _____

Occupation/Position _____

Present Company _____

Business Address _____

Guardian’s Name (if not living with parents) _____

Relationship with the guardian _____ Tel. No. _____ Mobile No. _____

Address _____

House No. Street Village Barangay City Province Zip Code

Siblings (from eldest to youngest)

Name	Age	Grade	School

Name of family member(s)/relative(s) who studied in St. Scho – Manila other branch schools	

Reasons for choosing St. Scholastica’s College – Westgrove

Signature of Father

Signature of Mother

Signature of Guardian

Application # _____	Action Taken _____
Date Applied _____	_____
O.R # _____	_____
Date Submitted _____	_____
Date of Test _____	Interview Remarks _____
Date of Interview _____	Recommendation _____
Interviewer _____	_____
Date of Re-Interview _____	_____
Interviewer _____	_____

CREDENTIALS SUBMITTED (Requirements for Graduation or for Honorable Dismissal)	
_____ Birth Certificate	
_____ Form 137	
_____ Honorable Dismissal	
TRANSFER CREDENTIALS effective _____	Date
Copy of Form 137 sent to _____	Name of School

	Address

	Date
Noted by: _____	Registrar’s Signature