



ST. STEPHEN'S HIGH SCHOOL
1267 G. Masangkay St., Sta. Cruz
Manila, Philippines

PLEASE ATTACH A
 2X2 PICTURE

Please fill up the form completely and legibly, and write your correct tel. nos. and address, so that, in case of emergency, we can reach you right away.

Level Applied for/Current Gr./Yr.& Sec. _____ School Year _____

STUDENT PERSONAL INFORMATION

LAST NAME : _____

GIVEN NAME : _____

MIDDLE NAME : _____

CHINESE NAME : _____

(Don't fill out this line*) STUDENT'S NO.*: _____ LEARNER'S REFERENCE NO.* _____

DATE OF BIRTH : _____

PLACE OF BIRTH : _____

GENDER : _____ HEIGHT : _____ cm. WEIGHT: : _____ kg.

RESIDENTIAL ADDRESS: _____

No. Street Brgy. Municipality

TELEPHONE NO. : _____ EMAIL : _____

RELIGION/FAITH : _____

CITIZENSHIP : _____ (If foreigner, fill up the Foreign Student Information)

FOR FOREIGN STUDENT ONLY:

PASSPORT NAME : _____ NAME USED : _____

PASSPORT NO. : _____ EXP. DATE : _____

PLACE OF ISSUANCE : _____

DATE OF ISSUANCE : _____ DATE OF LAST ARRIVAL. : _____

ACR/ I-CARD NO. : _____

Place of Issuance : _____

Date Of Issuance : _____ ACR EXP. DATE: _____

VISA TYPE : _____ VISA EXP. DATE: _____

VISA STATUS : _____

FAMILY INFORMATION

FATHER'S NAME : _____ Alumnus Yes No (Batch): _____

CHINESE NAME : _____ EDUC. ATTAINMENT: _____

RELIGION : _____ EMAIL: _____

OCCUPATION : _____

RESIDENCE TEL. NO. : _____ OFFICE TEL. NO.: _____

OFFICE FAX NO. : _____ MOBILE NO. : _____

MOTHER'S NAME : _____ Alumna Yes No (Batch): _____
 CHINESE NAME : _____ EDUC. ATTAINMENT: _____
 RELIGION : _____ EMAIL: _____
 OCCUPATION : _____
 RESIDENCE TEL. NO. : _____ OFFICE TEL. NO.: _____
 OFFICE FAX NO. : _____ MOBILE NO. : _____
 GUARDIAN'S NAME : _____ CHINESE NAME : _____
 RELATION TO STUDENT: _____ EMAIL: _____
 RESIDENTIAL ADDRESS: _____
 RES. TELEPHONE NO. : _____ MOBILE NO. : _____

STUDENT'S EDUCATIONAL HISTORY

Most Recent School Attended: _____
 Inclusive Years Attended: _____

STUDENT'S ADDITIONAL INFORMATION (Use another sheet if space is not enough)

Special Talents/Skills (Specify): _____

Honors, Merit, Awards received: (specify) _____

NAMES OF SIBLINGS/RELATIVES IN SCHOOL

| NAME | RELATIONSHIP | Grade level, if student/Position, if employee |
|-------|--------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

STUDENT'S HEALTH/MEDICAL HISTORY

FAMILY HISTORY: (Kindly [v] check)

- Asthma
- Hypertension
- Diabetes
- Others (specify): _____
- Epilepsy
- Allergy/Allergies
- Seizures/ Convulsions

Physician in Metropolitan Medical Centre/Manila Doctors Hospital (If any): _____

Tel. No./ Cell. No. : _____

1. Does the child have an existing illness or illnesses? NO YES (If yes, pls. describe)

Special Medication/s: _____

2. Does the child have a history of any serious injury or injuries? NO YES (If yes, pls. describe)

3. Has the child ever been hospitalized? NO YES (If yes, pls. describe)

4. Does the child have any allergy to food, medication, etc.? NO YES (If yes, pls. describe)

5. Does the child have any limitation to physical activities? NO YES (If yes, pls. describe)

6. Does the child need to take a medication regularly? NO YES (If yes, pls. describe)

CONTACT PERSON IN CASE OF EMERGENCY (If unable to contact the parent and/or guardian)

1st PERSON : _____ CONTACT NO. : _____

2nd PERSON : _____ CONTACT NO. : _____

I certify that the abovementioned information are true and correct.

Printed Name and Signature