



Our Lady of Mercy School of Quezon City

Shaping The Future Today

Commonwealth Ave., Cor J.P.Rizal, Batasan Hills, Quezon City 1126 Ph:+632-3428-4745 www.olms.edu.ph

APPLICATION FORM

Grade Level Applying for: _____ School Year: 20____20____

Attach 1 x 1
Picture Here

I. PERSONAL INFORMATION

NAME: _____

(Name in Birth Certificate) SURNAME GIVEN NAME MIDDLE NAME NICKNAME

Date of Birth: _____ Place of Birth: _____ Present Age: _____yrs. _____mos.

Nationality: _____ Religion: _____ Telephone No.: _____

Mobile No: _____ Email: _____

Present Address: _____
(House No.) (Street, Barangay/Village) (City/municipality) (Zip Code)

Please Check box:

Sacrament of Baptism – ☐ Yes ☐ No First Holy Communion - ☐ Yes ☐ No

Sacrament of Confirmation – ☐ Yes ☐ No

II. EDUCATIONAL BACKGROUND

Present School: _____ Telephone no.: _____

Address of School: _____

Grade/Level	Names of School/s Attended	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. FAMILY DETAILS

Marital Status of Parents: Please Check Box

☐ Married & Living Together ☐ Single Parent ☐ Annulled Others Pls Specify _____
☐ Married but Separated ☐ Spouse Abroad ☐ Widowed

While studying in OLMS, he/she will live with: Please Check box

☐ Mother ☐ Father ☐ Whole Family ☐ Grandparents
☐ Other relatives ☐ Boarding House

FATHER'S NAME: _____

Date of Birth: _____ Age: _____ Nationality: _____

College/University Attended: _____ Degree: _____

Occupation: _____ Position: _____ Office Tel No. _____

Office Name: _____ Office Address: _____

Email Address: _____ Mobile No. _____

☐ Living ☐ Deceased

MOTHER'S NAME: _____

Date of Birth: _____ Age: _____ Nationality: _____

College/University Attended: _____ Degree: _____

Occupation: _____ Position: _____ Office Tel No. _____

Office Name: _____ Office Address: _____

Email Address: _____ Mobile No. _____

☐ Living ☐ Deceased

GUARDIAN'S NAME: _____

Date of Birth: _____ Age: _____ Nationality: _____

College/University Attended: _____ Degree: _____

Occupation: _____ Position: _____ Office Tel No. _____

Office Name: _____ Office Address: _____

Email Address: _____ Mobile No. _____

☐ Living ☐ Deceased

IV. SIBLING/S INFORMATION

Name/s of Brother/s & Sister/s	Birthdate	Age	Present School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. MEDICAL HISTORY

Please check Box :

- Has your child taken a recent Physical Examination ☐ Yes ☐ No Purpose: _____
- Any defects in **Speech**: ☐ Yes ☐ No **Hearing**: ☐ Yes ☐ No **Sight**: ☐ Yes ☐ No **Feet**: ☐ Yes ☐ No
- What is your child's present condition:

Person to Notify in case of Emergency:

Name: _____ Relationship to student _____

Address: _____

Telephone No. _____ Mobile No. _____

I hereby certify that all information supplied in this application is complete, true and correct.

Application form filled out by: _____ Date: _____
(Signature over Printed Name)