



St. Mary's Academy
 Address: 525 P. Burgos St., Pasay City
 Website: <http://www.sma-pc.edu.ph>
 E-mail Add: sma@sma-pc.edu.ph
 Telephone: 8316680 / 8316495

"Nurturing Wisdom, Character and Passion for Excellence"

REGISTRATION FORM

AM PM

STUDENT NO.							Yr./Gr. Level	Section
-------------	--	--	--	--	--	--	---------------	---------

To the applicant/representative: Fill out the form COMPLETELY and LEGIBLY. Write NA if not applicable.

PERSONAL DATA OF STUDENT

NAME (Last, First, MI)		<input type="checkbox"/> New <input type="checkbox"/> Transferee <input type="checkbox"/> T-Returnee	
		Parent <input type="checkbox"/> Old <input type="checkbox"/> New	
Date of Birth	DD	MM	YYYY
Place of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		House is <input type="checkbox"/> owned <input type="checkbox"/> leased <input type="checkbox"/> owned by relatives Lot is <input type="checkbox"/> owned <input type="checkbox"/> leased <input type="checkbox"/> owned by relatives	
Tel. No.		Mobile No.	
Religion <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Others, Specify		Citizenship <input type="checkbox"/> Filipino <input type="checkbox"/> Others, Specify	
Applicant Living with <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father			
If living with Guardian, Specify Name		Address	
Relationship		Tel. No.	
IF NEW STUDENT	School Last Attended	Address	

FAMILY DATA

Father's Name		Mother's Name	
<input type="checkbox"/> Living <input type="checkbox"/> Deceased		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	
DD	MM	YYYY	Date of Birth
Highest Education		Highest Education	
Nature of Work		Nature of Work	
Occupation		Occupation	
Company / Business Name		Company / Business Name	
Address		Address	
Telephone Number		Telephone Number	
Alumni		Alumni	
Marital Status <input type="checkbox"/> Married (Intact) <input type="checkbox"/> Married, separated (due to work) <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Others			
Children Total #	Studying Total #	Working Total #	

Brothers and Sisters (Still Studying)

Name	School (If not studying in SMAP)	Name	School (If not studying in SMAP)

Other Information (Immediate family members who graduated in SMAP)

Name	Year Graduated	Education / Occupation	Relationship

Applicant Referred by: SMA-P Personnel SMA-P Parents Friends Others Name: _____

I CERTIFY TO THE ACCURACY AND COMPLETENESS OF THE ABOVE INFORMATION.

_____ Relation to the Student Father Mother

Signature over Printed Name

Date

Others, Specify _____

For Grades Two to Five, First to Third Year

Enrolment of student is considered TEMPORARY, subject to the submission of Transcript of Record (FORM 137)

Source of Regulation: Handbook for School Registrars

Conforme:

_____ Date: _____

Signature over Printed Name

ENROLL ON

Date:

Time:

For Cashier Staff:

With Reservation Yes No

Date Paid: _____

O.R. No. _____