



**FAMILY DATA**

Father's Name				<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	
Date of birth			Place of birth			
Highest Education	<input type="checkbox"/> Elementary	<input type="checkbox"/> HS graduate	<input type="checkbox"/> Vocational	<input type="checkbox"/> College level	<input type="checkbox"/> College graduate	<input type="checkbox"/> Post Studies (MA/MS/PhD)
Nature of Work	<input type="checkbox"/> Employed (OFW)	<input type="checkbox"/> Employed (Government / Civil Service)	<input type="checkbox"/> Employed (Private)	<input type="checkbox"/> Self – employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed
Occupation						
Company / Business Name			Address			
			Tel. no.			
Mother's Name				<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	
Date of birth			Place of birth			
Highest Education	<input type="checkbox"/> Elementary	<input type="checkbox"/> HS graduate	<input type="checkbox"/> Vocational	<input type="checkbox"/> College level	<input type="checkbox"/> College graduate	<input type="checkbox"/> Post Studies (MA/MS/PhD)
Nature of Work	<input type="checkbox"/> Employed (OFW)	<input type="checkbox"/> Employed (Government / Civil Service)	<input type="checkbox"/> Employed (Private)	<input type="checkbox"/> Self – employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed Housewife
Occupation						
Company / Business Name			Address			
			Tel. no.			
Marital status	<input type="checkbox"/> Married (intact)	<input type="checkbox"/> Married, separated (not due to work)	<input type="checkbox"/> Widow / Widower	<input type="checkbox"/> Single		
Total No. of Children _____						
How did you know about SMA-P?	<input type="checkbox"/> Alumni	<input type="checkbox"/> Parents	<input type="checkbox"/> Friends	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Others	

**Brothers and Sisters (oldest to youngest including the student applicant)**

Name	Birthday	Age	Gr / Yr Level	Occupation / Civil Status

**Other information (Write immediate family members who graduated in SMA.)**

Name	Year Graduated	Education / Occupation	Relationship

**I CERTIFY TO THE ACCURACY AND COMPLETENESS OF THE ABOVE INFORMATION. WITHHOLDING OR GIVING FALSE INFORMATION MAY DISQUALIFY THE STUDENT APPLICANT FROM ADMISSION ONCE ADMITTED.**

Signature of parent/guardian \_\_\_\_\_

Relation to the applicant  Father  Mother  Others, specify \_\_\_\_\_

**Do not fill beyond this portion.  
(Record of Admission)**

C.A.

RS	SAI	Age Performance			Grade Performance		
		PR	Sta	Desc	PR	Sta	Desc

	RS	IQ	PR	Sta	Desc
NL					
L					
T					

RS for SK/G1

Test 1	Test 2	Test 3	Test 4	TOTAL

	RS	PC	PR	Sta	Desc
R / WK					
M / WA					
L / R					
BB / TR					
IRL					

Date of Test: \_\_\_\_\_  
Counselor's Remarks/Signature: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_