



Our Lady of Perpetual Help School
28 Mejico Street, Santolan, Pasig City

STUDENTS ENROLMENT FORM
Grade School Department

To the parent/guardian:

Please fill-up this enrolment form neatly and accurately. Complete all information required by the blanks preferably **IN PRINT** and (✓) all appropriate boxes.

To be completely accomplished by the parent or legal guardian of the applicant

To the School Principal/Registrar and Directress:

Please be informed that I am enrolling my child in **Our Lady of Perpetual Help School**

for SY 20____-20____ in Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6

Name of Applicant: _____
(Surname) (Given Name) (Middle Name)

Nickname: _____ Date of Birth: / / Sex: _____ Religion: _____
(Month) (Day) (Year)

Place of Birth: _____ Home Address: _____

Home Contact Number(mobile or landline): _____ Email: _____

Father's Name: _____ Occupation: _____

Business Office Address: _____ Contact Numbers: _____

Mother's Name: _____ Occupation: _____

Business Office Address: _____ Contact Numbers: _____

Parents are (Please check one)

- Married Live-in Widowed
 Single Parent Separated Legally Separated Divorced

Guardian' Name: _____ Relationship to the Applicant: _____
(Please do not fill up when person accomplishing the form is the parent)

Home Address: _____ Contact Numbers: _____

Form Level: _____ General Average: _____
(Please refer to applicant's report card)

Brother/Sisters studying in OLPHS	Grade or Year Level	Is the applicant an Honor Student?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	
_____	_____	

This certifies that upon signing this student's application form I bind myself to:

- Pay the tuition fee according to the mode of payment that I choose and the corresponding payment schedule.**
- Cooperate with the school in the full implementation of the Rules and regulations stated in the Student's Handbook and all curricular and extra-curricular programs.**
- Attend the Parent-teacher Council (PTC) meetings and assemblies for the holistic development of the applicant.**

Signature of Parent or Guardian of Applicant
Above printed name

Date of Application

Please do not fill-up below this line

(To be accomplished by authorized school personnel)

The Applicant has: () No previous accounts () Reservation
() Previous accounts () No Reservation
chosen a/an () Annual () Semistral () Quarterly
() 3 Payments () Bi-monthly () No Reservation

Assessment:

Tuition and Miscellaneous Fees: _____ **Php**

Other Fees: **Books:** _____ **Notebooks:** _____ **TOTAL:** _____ **Php**

Name and Signature of OLPHS Staff



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(Surname) (Given Name) (Middle Name)

Nickname: _____ Date of Birth: / / Sex: _____ Religion: _____
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Father's Name: _____ Occupation: _____

Business Office Address: _____ Contact Numbers: _____

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_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	
_____	_____	

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Other Fees: **Books:** _____ **Notebooks:** _____ **TOTAL:** _____ **Php**

Name and Signature of OLPHS Staff