



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

**STUDENTS ENROLMENT FORM**  
**Senior High 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  Junior High School  Senior High School

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: \_\_\_\_\_  
(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: \_\_\_\_\_

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

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_____	_____	
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Name and Signature of OLPHS Staff