



# THE PALMRIDGE SCHOOL - GENERAL TRIAS

Preschool • Grade School • High School  
Arnaldo Highway General Trias City, Cavite

## STUDENT'S ENROLLMENT FORM

S.Y. \_\_\_\_ - \_\_\_\_

ADMINISTRATIVE COPY: Please fill out ALL information ACCURATELY, COMPLETELY  
and tick appropriate boxes



ENTRY LEVEL: \_\_\_\_\_  New Student  Old Student

*(THIS PORTION IS APPLICABLE FOR SENIOR HIGH SCHOOL APPLICANTS ONLY)*

### ACADEMIC TRACK (Please choose one)

- Accountancy, Business and Management (ABM)
- Science, Technology, Engineering, and Mathematics (STEM)
- General Academic Strand (GAS)
- Humanities & Social Sciences (HUMMS)

### NATIONAL CAREER ASSESSMENT EXAMINATION (NCAE) RESULT

Track (First Choice) : \_\_\_\_\_  
 Strand : \_\_\_\_\_  
 Track (Second Choice) : \_\_\_\_\_  
 Strand : \_\_\_\_\_

**STUDENT'S INFORMATION** DepEd Learner Reference Number 

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Student's Legal Name: \_\_\_\_\_  
 (Birth Certificate) Last Name/Surname First Name/s Middle Name Nickname  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F Citizenship: \_\_\_\_\_  
 Month Day Year  
 Place of Birth: \_\_\_\_\_ Religion:  Catholic  Christian  Muslim  Others: \_\_\_\_\_  
 City Country  
 Home Address: \_\_\_\_\_  
 House No. and Street Village/Subdivision Municipality/City Province/State Zip Code  
 Home Phone No./s: \_\_\_\_\_ Mobile No./s: \_\_\_\_\_  
 Language/s Spoken: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ACADEMIC INFORMATION

Last School Attended: \_\_\_\_\_ Grade/Level: \_\_\_\_\_  
 School Address: \_\_\_\_\_ Year Attended: \_\_\_\_\_  
 School Type:  Public  Private Talents / Skills / Inclination: \_\_\_\_\_  
 Award/s Received: \_\_\_\_\_  
 Reasons for Transfer to TPS (if applicable): \_\_\_\_\_

### PARENTS' INFORMATION

Father: \_\_\_\_\_ Title:  Dr.  Mr.  Others \_\_\_\_\_  
 Last Name/Surname First Name/s Middle Name  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Month Day Year  
 Place of Birth: \_\_\_\_\_ Religion:  Catholic  Christian  Muslim  Others: \_\_\_\_\_  
 City Country  
 Home Address (if different from child) \_\_\_\_\_  
 No. and Street Village/Subdivision Municipality/City Province/State Zip Code  
 Home Phone No./s (if different from child): \_\_\_\_\_ Mobile No./s: \_\_\_\_\_  
 High School Graduate:  Yes; year graduated \_\_\_\_\_  No (HS Undergraduate)  
 High School Name and Location: \_\_\_\_\_  
 College Graduate:  Yes; year graduated \_\_\_\_\_ Degree Completed \_\_\_\_\_  No  
 University/College Name and Location: \_\_\_\_\_  
 Post Graduate Degree Completed:  Yes; year graduated \_\_\_\_\_ Degree Completed \_\_\_\_\_  No  
 University/College Name and Location: \_\_\_\_\_  
 Occupation / Position: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Business Tel. No./s: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother: \_\_\_\_\_ Title:  Dr.  Mrs.  
Last Name /Surname First Name/s Middle Name  
 Ms.  Others \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_ Religion:  Catholic  Christian  Muslim  Others: \_\_\_\_\_  
City Country

Home Address (if different from child) \_\_\_\_\_  
No. and Street Village/Subdivision Municipality/City Province/State Zip Code

Home Phone No./s (if different from child): \_\_\_\_\_ Mobile No./s \_\_\_\_\_

High School Graduate:  Yes; year graduated \_\_\_\_\_  No (HS Undergraduate)

High School Name and Location: \_\_\_\_\_

College Graduate:  Yes; year graduated \_\_\_\_\_ Degree Completed \_\_\_\_\_  No

University/College Name and Location: \_\_\_\_\_

Post Graduate Degree Completed:  Yes; year graduated \_\_\_\_\_ Degree Completed \_\_\_\_\_  No

University/College Name and Location: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Business Tel. No./s: \_\_\_\_\_

Company Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's/ Parents' Civil Status (Please check all applicable)

<input type="checkbox"/> Parents married	<input type="checkbox"/> Parents married but separated	<input type="checkbox"/> Father remarried
<input type="checkbox"/> Not married (live in)	<input type="checkbox"/> Not married (single parent)	<input type="checkbox"/> Mother remarried
<input type="checkbox"/> Father deceased	<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Others _____

If child lives with and/or is co-parented by another adult such as a current spouse / partner of biological parent or a guardian, please fill out below:

Guardian \_\_\_\_\_ Title  Dr.  Mr.  Mrs.  
Last Name/Surname First Name/s Middle Name  
 Ms.  Others: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_ Religion:  Catholic  Christian  Muslim  Others: \_\_\_\_\_

Relationship to Child :  Co-Parent  Aunt / Uncle  Grandparent  Others: \_\_\_\_\_

Child addresses co-parent / guardian by what name? \_\_\_\_\_ Mobile No./s: \_\_\_\_\_

High School Graduate:  Yes; year graduated \_\_\_\_\_  No (HS Undergraduate)

High School Name and Location: \_\_\_\_\_

College Graduate:  Yes; year graduated \_\_\_\_\_ Degree Completed: \_\_\_\_\_  No

University/College Name and Location: \_\_\_\_\_

Post Graduate Degree Completed:  Yes; year graduated \_\_\_\_\_ Degree Completed: \_\_\_\_\_  No

University/College Name and Location: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Business Tel. No./s: \_\_\_\_\_

Company Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**FAMILY INFORMATION**

Total number of children in the family: \_\_\_\_\_ Child's sibling position: \_\_\_\_\_ Child is  biological child  adopted

Names of Brothers / Sisters of Applicant	Age	Civil Status	Highest Educational Attainment	School	Occupation	Company

Child lives with  Father and Mother     Father and Stepmother     Mother only     Father only  
 Stepfather and Mother     Guardian: Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Favorite activities of child at home \_\_\_\_\_  
 Whom does he/she appear closely attached to? \_\_\_\_\_

**HEALTH INFORMATION**

Is child diagnosed with any developmental disability/ies or learning difficulty/ies?  No     Yes

If YES, please specify \_\_\_\_\_

Is child currently being treated / taking medication?     No     Yes

Has child undergone any form of therapy / medication?     No     Yes

Please specify treatment facility / medication \_\_\_\_\_

Does your child have other illness/es, allergy/ies, significant behavioral findings, or delay in developmental milestones the school needs to be aware of? Please state. \_\_\_\_\_

Name of person who referred you to THE PALMRIDGE SCHOOL \_\_\_\_\_

If you have any relative/s who is/are currently attending or has/have formerly attended TPS, please list below.

Name	Relationship	Contact Information

**PLEASE INDICATE TO WHOM THE PALMRIDGE SCHOOL SHOULD ADDRESS SCHOOL COMMUNICATION LETTERS:**

*Ex. Dr. and Mrs. Alberto Santiago, Mr. and Mrs. Jose Dela Cruz, Mr. Jose Cruz and Ms. Lisa Reyes, Ms. Susan Cruz, Mr. Jose Reyes* \_\_\_\_\_

If any of the above information changes during the course of the school year, please fill out a new form at the Registrar's Office immediately.

We understand that as parents / guardians we shall abide by this learning institution's existing policies, rules, and regulations.

\_\_\_\_\_  
Parent's / Guardian's Signature above Printed Name

\_\_\_\_\_  
Date