

Grade School /High School Department Student Information Sheet

Date Filled: _____ SY: _____

Grade &Section: _____

Student No. _____

Pupil's / Student's
present photo
(2X2)
White Background

Last Name		First Name		Middle Name	Nickname	Gender
Address						
Telephone				Cellphone No/s.		
Birthdate	Age by June	Place of Birth			Nationality	
					Religion	
Grade/Level & Inclusive date		Schools Attended			Complete Address & Tel No of <u>Last School Attended:</u>	
Mother's Name					Occupation	
Office Address & Telephone/Cellphone No					Highest Educational Attainment	
Father's Name					Occupation	
Office Address & Telephone/Cellphone No.					Highest Educational Attainment	
Other Emergency/Contact Person/Nos.						
Mode of Home-School Travel	<input type="checkbox"/>	To be Fetched			Fetcher's Name / Relation	
	<input type="checkbox"/>	Authorized Service			Operator:	
	<input type="checkbox"/>	Independent/on his/her own				

Brother (s) and / or Sister(s)	Age	Grade / Level	School
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Are the parents living together? Yes No If not, since when? _____ and,
with whom is the child living with Father Mother

Who will provide help with the child's home works?

Please state if there are special instructions regarding the child

Please describe your child's personality:

Information furnished by: _____
Please sign over printed name Date
Relation to Pupil/ Student _____

(Please do not fill the box below)

On Test Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No (AMISD ENTRANCE TEST)	Received by: LUZVIMINDA R. PERAS Guidance Coordinator Date:	Remarks:
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