



OUR LADY OF PERPETUAL SUCCOR COLLEGE

Concepcion, Marikina City

OFFICE OF THE REGISTRAR

Photo
(2x2)

PERSONAL DATA SHEET

S.Y. 20__ - 20__

LRN: _____

STUDENT NUMBER: _____

LEVEL: _____

PERSONAL DATA				
Name (Surname)		Name (First Name)		Age
Gender	Date of Birth	Place of Birth	Citizenship	Religion
Home Address				Contact No.
FAMILY BACKGROUND				
Name of Father		Occupation	Office Address	Contact No. E-mail address:
Name of Mother		Occupation	Office Address	Contact No. E-mail address:
Note: The following spaces are to be filled out only if the student has a guardian other than parents.				
Name of Guardian		Relationship to the Student	Occupation	Contact No. E-mail address:
Does the applicant have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate name and grade level.				
Name of Sibling		Grade Level	Name of Sibling Grade Level	
Name of Sibling		Grade Level	Name of Sibling Grade Level	
Name of Sibling		Grade Level	Name of Sibling Grade Level	
EDUCATIONAL BACKGROUND (For Transferee Only)				
Has the applicant been previously enrolled in OLOPS College? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, in what grade level? _____ School Year _____				
School Previously Attended			School Year	
School Address				
HEALTH BACKGROUND				
List down health condition/s that need/s special attention, if there's any. Example: poor vision, left-handedness, asthmatic, allergies, etc.				
PERSON TO CONTACT IN CASE OF EMERGENCY				
Name		Address		Contact No.

ADMISSION / ENROLLMENT AGREEMENT

I signify my assurance that I will hand-carry the **OFFICIAL REQUEST FOR FORM 137A** from the school he/she last attended. This **AGREEMENT** applies after the Registrar's Office has done all means to secure the Form 137A but to no avail.

Furthermore, I hereby promise to **SUBMIT** the Form 137A directly to Registrar's Office once it is received from the releasing school / previous school attended.

Signature Over Printed Name of
Parent/Guardian
Date: _____

----- Do not write below this line -----

TO BE FILLED OUT BY THE OFFICE STAFF		
Submitted Credentials	Received by	Date Received
<input type="checkbox"/> Photocopy of NSO Birth Certificate	_____	_____
<input type="checkbox"/> Photocopy of Baptismal Certificate	_____	_____
<input type="checkbox"/> Good Moral Certificate/Letter of Recommendation	_____	_____
<input type="checkbox"/> Photocopy of Report Card	_____	_____
<input type="checkbox"/> 2 x 2 pictures (2 pcs.)	_____	_____
<input type="checkbox"/> ESC Transfer-Out Certificate (if applicable)	_____	_____