



OUR LADY OF PERPETUAL SUCCOR COLLEGE

Concepcion, Marikina City

OFFICE OF THE REGISTRAR

Photo
(2x2)

PERSONAL DATA SHEET

S.Y. 20__ - 20__

STUDENT NUMBER: _____

COURSE: _____

PERSONAL DATA				
Name (Surname)	(First Name)	(Middle 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 student has a guardian.				
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 at 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. Example: poor vision, left-handedness, asthmatic, allergies, etc.

PERSON TO CONTACT IN CASE OF EMERGENCY		
Name	Address	Contact No.

----- Do not write down 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"/> NSTP Certificate of Completion with Serial Number	_____	_____
<input type="checkbox"/> Photocopy of Report Card / Certification of Grades	_____	_____

ADMISSION / ENROLLMENT AGREEMENT

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

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

Signature Over Printed Name of Student

Date: _____