



OUR LADY OF PERPETUAL SUCCOR COLLEGE

Concepcion, Marikina City

OFFICE OF THE REGISTRAR

SENIOR HIGH SCHOOL PERSONAL DATA SHEET

S.Y. 20__ - 20__

PREFERRED TRACK & STRAND	
ACADEMIC TRACKS <input type="checkbox"/> ABM (Accountancy, Business & Management) <input type="checkbox"/> STEM (Science, Technology, Engineering, & Mathematics) <input type="checkbox"/> HUMSS (Humanities & Social Science) <input type="checkbox"/> GA (General Academics)	TECHNICAL-VOCATIONAL TRACKS <input type="checkbox"/> Bread and Pastry Production <input type="checkbox"/> Tour Guiding Services <input type="checkbox"/> Food & Beverage Services <input type="checkbox"/> Cookery

STUDENT'S INFORMATION				
Name	<i>(Surname)</i>	<i>(First Name)</i>	<i>(Middle Name)</i>	Age
Gender	Date of Birth (dd/mm/year)	Place of Birth	Citizenship	Religion
Home Address (No., Street, Barangay, City/Municipality, Province)				Contact No.

FAMILY BACKGROUND				
Name of Father	Contact No.	E-mail address:		
Occupation of Father	Highest Educational Attainment of Father	Monthly Income		
Name of Mother	Contact No.	E-mail address:		
Occupation of Mother	Highest Educational Attainment of Mother	Monthly Income		
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? Yes No

If yes, please indicate name and grade level.

Name of Sibling	Grade Level	Name of Sibling	Grade Level

EDUCATIONAL BACKGROUND	
<i>Has the applicant been previously enrolled in OLOPS College?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, in what grade level?</i> _____ <i>School Year</i> _____	
School Previously Attended	School Year
School Address	

HEALTH BACKGROUND
<i>List down health condition/s that may need/s special attention, if there's any.</i>
<i>Example: poor vision, asthmatic, allergies, etc.</i>

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

----- 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"/> Photocopy of NCAE Result	_____	_____
<input type="checkbox"/> 2 x 2 pictures with white background (2 pcs.)	_____	_____

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: _____