



INTEGRATED MONTESSORI CENTER

51 DIEGO SILANG ST., AFPOVAI, PHASE 2 FORT BONIFACIO, TAGUIG CITY

APPLICATION FORM

NEW STUDENT

TRANSFEREES

FOREIGN STUDENT

INSTRUCTION

Fill out application form and submit 2 pieces of 1x1 picture. Type and print clearly. Place N.A if not applicable

I. Personal Data

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Given Name	Middle Name

Birth Date (MM /DD / YEAR) Age Gender M F

Birthplace Citizenship

Telephone No: Cellphone No:

E-mail Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address (Street)	(City / Municipality)	(Province)

Name of Present School:

II. Family Background

A.	Father		Mother
_____	Name	_____	_____
_____	Citizenship	_____	_____
_____	Home Address	_____	_____
_____	Telephone No.	_____	_____
_____	Occupation	_____	_____
_____	Employer	_____	_____
_____	Educational Attainment	_____	_____

B. Parent's Marital Status : (Please Check)

Married Separated Widowed

Re-married Divorced Single Parent

C. If not living with parent or family, state the following:

Name of Guardian: _____ Relationship: _____

Status: _____ Occupation: _____

VERIFICATION

I certify that the given information herein is correct and complete. Falsification or withholding of information on this form will automatically nullify my application and/or subject me to dismissal from the school.

Student signature over printed name

Parent signature over printed name



INTEGRATED MONTESSORI CENTER

51 DIEGO SILANG ST., AFPOVAI, PHASE 2 FORT BONIFACIO, TAGUIG CITY

RECOMMENDATION FORM

Applicant's Name: _____
Last First M.I.

Applicant's School: _____

Present Level : _____

This evaluation provides one way of getting to know the applicant's strengths and areas of challenges.

Please answer the following questions with regard to the applicant's experience in your school. Please check accordingly.

Characteristics	Excellent	Highly Comptent	Competent	Good	Needs Assistance
1. Intellectual Capacity					
2. Motivation					
3. Emotional Stability					
4. Leadership Ability					
5. Communication Skills					
Oral					
Written					
6. Self-Confidence					
7. Maturity					
8. Punctuality					
9. Conduct					
10. Study Habits					

How long have you known the applicant? _____ Year/s _____ Month/s
Do you know any specific problem the student has which would hinder learning?

Overall Recommendation: (Tick one)

- This applicant receives my highest recommendation without reservation.
- I recommend this applicant.
- I recommend this applicant with reservation.
- I would not recommend this applicant for admission.

Please explain _____

Evaluator's Name and Signature _____
Position _____
Date _____

After filling out the form, please seal and sign the flap of the envelope and return to the applicant.

All information will be kept confidential. Any other helpful information can be faxed at Tel No. 556-1269.

Thank you very much for your assistance.

