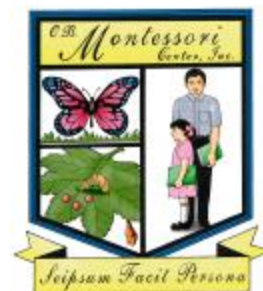


APPLICATION FORM

Please use block letters in filling up this form

<input type="checkbox"/> CASA	<input type="checkbox"/> Primary	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High School
<input type="checkbox"/> Toddler	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Year 1
<input type="checkbox"/> Junior Casa	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Year 2
<input type="checkbox"/> Junior Advanced Casa	<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Year 3
<input type="checkbox"/> Advanced Casa			



- GREENHILLS
- STA. ANA
- LAS PIÑAS
- ANGELES

Family Name _____ Middle Name _____

First Name _____ Nick Name _____

Present School _____

Male Female Nationality _____ Religion _____

Birth Date: Year _____ Month _____ Day _____

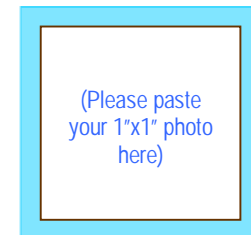
Mailing Address _____

City _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ E-mail _____



Please submit this application form to:
 O.B. MONTESSORI CENTER, INC.
 The Admissions Office
 Telephone Numbers:
 (632) 7229720 to 27 (Greenhills - Main Campus)
 (632) 5647895 to 98 (Sta. Ana Branch)
 (632) 8203011 to 12 (Las Piñas Branch)
 (045) 3227956/6261189 (Angeles Branch)
 Email: registrar@obmontessori.edu.ph
www.obmontessori.edu.ph

EDUCATIONAL BACKGROUND

LEVEL	SCHOOL/LOCATION	SCHOOL YEAR
Pre-School	_____	_____
	_____	_____
	_____	_____
Grade School	_____	_____
	_____	_____
	_____	_____
	_____	_____
High School	_____	_____
	_____	_____
	_____	_____

RECOGNITION

Grade School / High School

Academic Honors/Other Awards

School Year

EXTRA - CURRICULAR ACTIVITIES / COMMUNITY AND/OR CHURCH AFFILIATIONS

Grade School

Group / Organization

Position

High School

FAMILY BACKGROUND

FATHER'S NAME

MOTHER'S NAME / LEGAL GUARDIAN

Family Name _____

Family Name _____

First Name _____ MI _____

First Name _____ MI _____

Profession _____ Nationality _____

Profession _____ Nationality _____

Birth Date: Year _____ Month _____ Day _____

Birth Date: Year _____ Month _____ Day _____

Mailing Address _____

Mailing Address _____

City _____ Postal Code _____

City _____ Postal Code _____

Country _____

Country _____

Home Phone _____ Office Phone _____

Home Phone _____ Office Phone _____

Mobile Phone: _____

Mobile Phone: _____

If parents are separated, with whom does the child live?

Name _____

Relation _____

Mailing Address _____

Contact Nos. _____

SIBLINGS

Name	Age	Educational Attainment	Last School Attended
1.			
2.			
3.			
4.			
5.			

HEALTH

Please indicate the previous illness / sickness of your child.

Type of illness / sickness	Age
_____	_____
_____	_____
_____	_____

Specify his/her health, special needs, learning difficulties, handicap if any.

Do you have a regular family doctor?

YES

NO

If yes, please indicate the following:

Name of Doctor _____ Contact Nos.: _____

Hospital/Clinic Address: _____

PERSONAL TRAITS / CHARACTERISTICS

Please comment on your child's behavior. Is your child friendly, outgoing, shy, confident, cooperative, stubborn, etc...?

How do you discipline your child at home?

What are your child's hobbies/interests? _____

Does your child have any skills/talents? _____

Has your child traveled locally/ abroad? (please specify) _____

ADMISSION REQUIREMENTS

Please submit this form duly filled-out, and enclose the following:

- P500.00 – Application Fee
- Photocopy of the Birth Certificate
- Four (4) Copies 1"x1" colored ID picture
- Medical Certificate (stating that the child is "fit to go to school")
- Photocopy of the latest Report Card
- Recommendation forms filled up by the Principal and the Guidance Counselor

ADDITIONAL REQUIREMENTS FOR FOREIGN STUDENTS

- Photocopy of the passport (student & parents)
- Alien Certificate of Registration (ACR/Study Permit)
- Official Receipt of ACR payment for the current year

NOTE: ALL DOCUMENTS SUBMITTED SHALL BECOME PROPERTY OF OBMCI.

CERTIFICATION

I hereby certify that I have read and fully understood all instructions regarding my application for admission at O.B. Montessori Center, Inc. and the information supplied in this application and the documents submitted herein are correct and complete. I understand that incomplete and inaccurate information could be prejudicial to my admission. If accepted as a student of O. B. Montessori Center, Inc., I agree to abide by all its policies and regulations.

Applicant's Signature Over Printed Name

Date

Parent's Signature Over Printed Name

Date