

# APPLICATION FORM

Please use block letters in filling up this form

- CASA   
  INTERMEDIATE   
  COLLEGE  
 PRIMARY   
  HIGH SCHOOL

LEVEL APPLIED FOR: \_\_\_\_\_

Name : \_\_\_\_\_  
(Last Name)                     
 (First Name)                     
 (Middle Name)

Nick Name \_\_\_\_\_ Present School \_\_\_\_\_

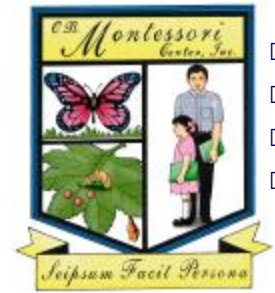
Gender:  MALE     FEMALE    Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_



- GREENHILLS  
 STA. ANA  
 LAS PIÑAS  
 ANGELES



## EDUCATIONAL BACKGROUND

LEVEL	SCHOOLS ATTENDED	YEARS ATTENDED
Pre-School	_____	_____
_____	_____	_____
Grade School	_____	_____
_____	_____	_____
_____	_____	_____
High School	_____	_____
_____	_____	_____
_____	_____	_____
College	_____	_____
_____	_____	_____
_____	_____	_____

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

APPLICATION DATE: \_\_\_\_\_                     
 REFERRED BY: \_\_\_\_\_

## FAMILY BACKGROUND

### FATHER'S NAME / LEGAL GUARDIAN

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Position \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

### MOTHER'S NAME / LEGAL GUARDIAN

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Position \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

## SIBLINGS

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

## HEALTH

Please indicate the previous illness / sickness of the applicant.

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

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Comment on discipline of applicant at home?

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Applicant's hobbies/interests? \_\_\_\_\_

Applicant's skills/talents? \_\_\_\_\_

Applicant's travel experience? (please specify) \_\_\_\_\_

## ALUMNI / INFORMATION SURVEY

Are there family members who are graduates of O.B. Montessori Center? Please indicate their names, relationship and contact number/s.

Name	Relationship	Contact No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about O.B. Montessori Center, or who referred you to OBMC? \_\_\_\_\_

## 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

NOTE: ALL DOCUMENTS SUBMITTED SHALL BECOME PROPERTY OF OBMC.