



DML MONTESSORI SCHOOL of QUEZON CITY, INC.

46-7TH Street, New Manila, Quezon City
Tel. Nos: 722-4979 / 722-1829 / 518-3254

School Year 20__ - 20__

**Recent
1x1
Photo
White
Background**

“The applicant understands that all information contained in this application shall be protected under Republic Act No. 10173 otherwise known as the Data Privacy Act and DML undertakes to keep all information contained therein strictly confidential. No information shall be divulged therein to third parties without expressed consent of the applicant’s parents or otherwise compelled by relevant and lawful processes / subpoena by the Courts.”

LEARNER’S INFORMATION

AGE BY JUNE: _____ **LEVEL:** _____

- 1. **LEARNER’S NAME: LAST:** _____
FIRST: _____
COMPLETE MIDDLE NAME: _____ **NICKNAME:** _____
- 2. **BIRTH DATE:** _____ **3.PLACE of BIRTH: Town:** _____
PROVINCE: _____ **4. NATIONALITY:** _____
- 5. **RELIGION:** _____ **6. MOTHER TONGUE:** _____
- 7. **ADDRESS:** _____
(HOUSE NUMBER, STREET, SITIO, PUROK)

BARANGAY	MUNICIPALITY/CITY	PROVINCE

8. **RESIDENCE CONTACT NUMBER:** _____

OTHER INFORMATION

- 9. Is your child undergoing any type of cognitive, behavioural or physical intervention? YES () NO ()
*NOTE: Kindly submit the most **recent assessment report** as part of your child’s requirement to enrolment
- 10. Child’s place in the family: _____ Number of brothers: _____ Number of sisters: _____
- 11. Does your child have any previous school experience? () YES () NO
- 12. If YES, where? _____
- 13. Left handed _____ Right Handed _____
- 14. Does your child have neighbourhood playmate? _____
- 15. Is your child allowed to go out of the house to play? _____
- 16. Can your child get along well with others? _____
- 17. Can she / he dress independently? _____
- 18. Can she / he eat independently? _____
- 19. Can she / he go to the bathroom by herself/himself? _____
- 20. Can she / he wash her \ his hands? _____
- 21. Is she / he still being spoon-fed/bottle fed? _____

22. PLEASE DESCRIBE YOUR CHILD. CHECK AS MANY AS APPLICABLE

friendly	_____	shy	_____
displays good sportsmanship	_____	patient	_____
moody	_____	has temper tantrums	_____
outgoing	_____	happy	_____
easily excitable	_____	sensitive	_____
quiet	_____	nervous / tense	_____
cooperative	_____	independent	_____
active	_____	stubborn	_____
wants her/his own way	_____	works well with others	_____
easily angered	_____	easily cries	_____
selfish	_____	feels insecure	_____
withdrawn	_____	quarrelsome	_____
gives in easily	_____	successful leader	_____

23. What do you expect your child to benefit from our school? _____

PARENTS:

24. Father's Name: _____

(LAST)

(FIRST)

COMPLETE MIDDLE NAME

25. Nationality: _____ 26. Religion: _____

27. Education Attainment: _____ 28. Occupation: _____

29. Contact Number: _____ 30. E-mail Address: _____

31. Mother's Maiden Name: _____

(LAST)

(FIRST)

COMPLETE MIDDLE NAME

32. Nationality: _____ 33. Religion: _____

34. Educational Attainment: _____ 35. Occupation: _____

36. Contact Number: _____ 37. E-mail Address: _____

CHECK WHICH ARE APPLICABLE:

38. Parents Married Parents living together – not married Single Parent Parents Separated

39. With whom is the child living with now? Parents Mother only Other only Others

Picture Father

PASTE
PICTURE

Picture Mother

PASTE
PICTURE

I certify that the foregoing data are true and correct.

Name of Parent / Guardian

Signature

Date

REQUIREMENTS: Please check if accomplished

1. Standard School Uniform, apron and P.E attire (available in school)
2. Xerox copy of Birth Certificate from (PSA) Philippine Statistics Authority
3. Baptismal Certificate
4. Medical Certificate (form available in school)
5. Two 1x1 ID pictures of learner, parents and fetcher (yaya)
6. A bag containing apron, face towel, extra uniform and underwear should be brought to school daily.
All personal belongings must be labelled with the child's name.
7. An Assessment of the child and interview with the parents.