



Lourdes School Quezon City  
REGISTRAR'S OFFICE

APPLICATION FORM  
For SY \_\_\_\_\_ - \_\_\_\_\_

LEARNER'S REFERENCE NUMBER	GRADE/ YEAR LEVEL APPLYING FOR	STATUS (Pls. check applicable one) NEW ( ) TRANSFEREE ( ) RETURNEE ( )
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NAME in Birth Certificate

SURNAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH (month/day/year)	PLACE OF BIRTH	AGE BY JUNE
RELIGION	NATIONALITY	GENDER (pls. check) Male ( ) Female ( )
COMPLETE HOME ADDRESS (Pls. include your barangay)		TELEPHONE/CONTACT NO/S.

FAMILY BACKGROUND

FATHER'S NAME	OCCUPATION	COMPANY OR BUSINESS ADDRESS	TEL./CONTACT NO.
MOTHER'S NAME	OCCUPATION	COMPANY OR BUSINESS ADDRESS	TEL./CONTACT NO.
GUARDIAN(IF NOT LIVING WITH PARENTS)	RELATIONSHIP	COMPLETE HOME ADDRESS	TEL./CONTACT NO.
NAME OF BROTHERS/SISTERS (FROM ELDEST TO YOUNGEST)	AGE	SCHOOL / PROFESSION / OCCUPATION	
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	
4.	4.	4.	
5.	5.	5.	
NAME OF SCHOOL LAST ATTENDED			PREVIOUS GRADE OR YEAR LEVEL
COMPLETE SCHOOL ADDRESS			PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/>

DO NOT LEAVE THIS PORTION UNANSWERED

- Is father an alumnus of Lourdes School QC?  
( ) NO  
( ) YES ( ) Grade School, Year Graduated \_\_\_\_\_  
( ) High School, Year Graduated \_\_\_\_\_
- Why would you like to enrol your child here in Lourdes School Quezon City?  
\_\_\_\_\_  
\_\_\_\_\_
- How did you know about Lourdes School QC?  
\_\_ newspaper \_\_ flyers \_\_ posters  
\_\_ website \_\_ banners \_\_ friends  
\_\_ neighbour \_\_ relatives \_\_ referred by: \_\_\_\_\_  
\_\_ others \_\_\_\_\_

I affirm that all information above is true and correct.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE (For Registrar's Staff only)

DOCUMENTS SUBMITTED

- |   |                                       |
|---|---------------------------------------|
| ( ) Certified True Copy of the Report Card      | ( ) 2 Recent Identical 1 x 1 pictures |
| ( ) Photocopy of NSO Birth Certificate          | ( ) Recommendation Forms (LSQC form)  |
| ( ) Photocopy of Baptismal Certificate          | __GS/HS Principal or Class Adviser    |
| ( ) Certificate of Attendance in Kinder/Nursery | __GS/HS Guidance Counselor            |

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_