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LOURDES SCHOOL QUEZON CITY

Mission: A Catholic, Marian, Capuchin Franciscan School | Vision: Development of the Whole Person in Christ
 School Thrust: Educating the next generation of Christian Leaders imbued with the spirit of Gospel Brotherhood

APPLICATION FORM SY 2023-2024

LEARNER'S REFERENCE NUMBER	GRADE LEVEL APPLYING FOR	STATUS <input type="checkbox"/> NEW <input type="checkbox"/> TRANSFEREE <input type="checkbox"/> 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 AUGUST
RELIGION	NATIONALITY	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
COMPLETE HOME ADDRESS (Pls. include your barangay)		

FAMILY BACKGROUND

FATHER'S NAME	OCCUPATION	NAME OF COMPANY/BUSINESS	FATHER'S LANDLINE & MOBILE NO.
		EMAIL ADDRESS	
MOTHER'S NAME	OCCUPATION	NAME OF COMPANY/BUSINESS	MOTHER'S LANDLINE & MOBILE NO.
		EMAIL ADDRESS	
GUARDIAN (If Not Living with Parents)	RELATIONSHIP	HOME ADDRESS	GUARDIAN'S LANDLINE & MOBILE NO.
MOBILE NO. FOR TEXT MESSAGING	NAME OF PERSON TO RECEIVE THE MESSAGE		RELATIONSHIP
NAME OF BROTHERS/SISTERS (FROM ELDEST TO YOUNGEST)		AGE	SCHOOL / PROFESSION / OCCUPATION
1.		1.	1.
2.		2.	2.
3.		3.	3.
4.		4.	4.
NAME OF SCHOOL LAST ATTENDED			PREVIOUS GRADE OR YEAR LEVEL
COMPLETE SCHOOL ADDRESS			<input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC

DO NOT LEAVE THIS PORTION UNANSWERED

1. Is father or mother an alumnus/alumna of LSQC?
 No
 Yes Grade School, year graduated _____
 High School, year graduated _____
2. Why would you like to enroll your child here in Lourdes School Quezon City? _____
3. How did you know about LSQC?
 website friends
 facebook neighbor
 relatives referred by: _____
 others _____

I hereby certify that all the information given is true and correct to the best of my knowledge and I allow Lourdes School Quezon City to use these details for the purpose of evaluating my child's application for admission. Likewise, I consent to sharing this information with authorized personnel of the school with legitimate educational interest.

I understand that the information herein given shall be treated confidentially in compliance with the Data Privacy Act of 2012.

 Signature over Printed Name

 Date

(FOR REGISTRAR'S STAFF ONLY)

DOCUMENTS PRESENTED AND SUBMITTED

- | | |
|---|--|
| <input type="checkbox"/> Original and Certified True Copy of Report Card | <input type="checkbox"/> For Grade 1 applicants only - Kinder Completion |
| <input type="checkbox"/> Original and Photocopy of PSA Birth Certificate | <input type="checkbox"/> For Grade 8-10 applicants only - (ESC) Certificate |
| <input type="checkbox"/> Original and Photocopy of Baptismal Certificate | <input type="checkbox"/> For Foreign Applicants (Original & Photocopy of the ff:) |
| <input type="checkbox"/> Application Form with attached 1 Recent 1 x 1 ID picture | <input type="checkbox"/> Alien Certificate of Registration (ACR) |
| <input type="checkbox"/> Recommendation Forms (LSQC Form) | <input type="checkbox"/> Personal Data Page of Passport |
| <input type="checkbox"/> GS / HS Principal or Class Adviser | |
| <input type="checkbox"/> GS / HS Guidance Counselor | |

REMARKS: _____

Approved by: _____
Date: _____