

Admissions Office

79 Mother Ignacia Avenue Brgy. Paligsahan, Quezon City, Philippines 1103
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APPLICATION FORM 2017-2018

PRESCHOOL TO GRADES 1-10

Age by Aug 2017 _____

Level applying for _____

APPLICANT'S INFORMATION

LAST NAME: (LEGAL NAME IN BIRTH CERTIFICATE)			FIRST NAME:	MIDDLE NAME:
NICK NAME:	CHINESE NAME:	SIBLING No.: 1 st child _____ 2 nd child _____ 3 rd child _____	BIRTH DATE: (MM-DD-YYYY)	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS:			BIRTH PLACE:	NATIONALITY:
MODE OF TRANSPORTATION TO SCHOOL: <input type="checkbox"/> Private Vehicle <input type="checkbox"/> School Bus Service <input type="checkbox"/> Car Pool <input type="checkbox"/> Public Vehicles <input type="checkbox"/> Others(specify): _____				CONTACT NUMBER:
LANGUAGE/S SPOKEN AT HOME: <input type="checkbox"/> Filipino <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Fookien <input type="checkbox"/> Others(specify): _____				

School/s Attended

YEAR ATTENDED	LEVEL	NAME OF SCHOOL	ADDRESS

FATHER'S INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HIGHEST EDUCATIONAL ATTAINMENT/DEGREE:	RELIGION:	
OCCUPATION:	CHURCH AFFILIATION:	
OFFICE / BUSINESS ADDRESS:	EMAIL ADDRESS:	Priority: <input type="checkbox"/>
CONTACT NUMBER(S):	MOBILE NUMBER(S):	Priority: <input type="checkbox"/>

MOTHER'S INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HIGHEST EDUCATIONAL ATTAINMENT/DEGREE:	RELIGION:	
OCCUPATION:	CHURCH AFFILIATION:	
OFFICE / BUSINESS ADDRESS:	EMAIL ADDRESS:	Priority: <input type="checkbox"/>
CONTACT NUMBER(S):	MOBILE NUMBER(S):	Priority: <input type="checkbox"/>

GUARDIAN'S INFORMATION (AUTHORIZE PERSON TO TRANSACT IN BEHALF OF THE PARENTS)

FULL NAME:	RELATIONSHIP:
HIGHEST EDUCATIONAL ATTAINMENT/DEGREE:	RELIGION:
OCCUPATION:	CHURCH AFFILIATION:
OFFICE / BUSINESS ADDRESS:	EMAIL ADDRESS:
CONTACT NUMBER(S):	MOBILE NUMBER(S):

SIBLINGS	
NAME	LEVEL & SECTION

WELLNESS AND HEALTH INFORMATION

Has the child been diagnosed with any of the following? (Please check and specify)

Vision: None Near sighted Far sighted Others (please specify)

Hearing: None Using hearing aid Others (please specify)

Clinical Diagnosed Condition : None please specify :

Please inform the Admissions Office if the applicant has been diagnosed by a SPED Specialist or Developmental Pediatrician. Clinical diagnostic report and recommendation are also required.

How did you know about The Meridian? _____

- Thru:**
- () Meridian Parents (name: _____ Relationship: _____)
 - () Online search (website address: _____)
 - () School Recommendation (name of school: _____)
 - () Others (please specify): _____
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We certify that the content of this form is correct to the best of our knowledge. Any misrepresentation shall be deemed sufficient grounds for the cancellation of our child's application.

We assume full responsibility of informing The Meridian should there be changes in the information provided.

FATHER'S SIGNATURE OVER PRINTED NAME MOTHER'S SIGNATURE OVER PRINTED NAME DATE

Application Date _____

Assessment Fee : _____

AR No. / Date : _____

Exam Date _____

Interview Date _____

For School administration use only:

Assessment Result: **ACCEPTED** in Level _____

WAIT LISTED No. _____

NOT ACCEPTED

Reservation Fee / Miscellaneous Fee

Php _____

OR No. / Date: _____