

**Admissions Office**

79 Mother Ignacia Avenue Brgy. Paligsahan, Quezon City, Philippines 1103  
Tel. 410.7942 | 374.6207 | Mobile 0916.627.4519 (globe)  
www.themeridian.edu.ph | email: registrar@themeridian.edu.ph

Age by August 2017 \_\_\_\_\_

Applying for Grade \_\_\_\_\_

Recent Colored Photo  
Passport size

**APPLICATION FORM 2017-2018  
GRADES 11-12**

**Strands:**

- \_\_\_\_\_ **ABM** (Accountancy, Business and Management)  
\_\_\_\_\_ **HUMSS** (Humanities and Social Sciences)  
\_\_\_\_\_ **STEM** (Science, Technology, Engineering and Mathematics)

**APPLICANT'S INFORMATION**

LAST NAME: (LEGAL NAME IN BIRTH CERTIFICATE)

FIRST NAME:

MIDDLE NAME:

NICK NAME:

CHINESE NAME:

SIBLING No.:

1<sup>st</sup> child \_\_\_\_\_

2<sup>nd</sup> child \_\_\_\_\_

3<sup>rd</sup> child \_\_\_\_\_

BIRTH DATE: (MM-DD-YYYY)

GENDER:

Male

Female

BIRTH PLACE:

NATIONALITY:

HOME ADDRESS:

CONTACT NUMBER:

**MODE OF TRANSPORTATION TO SCHOOL:**

Private Vehicle

School Bus Service

Car Pool

Public Vehicles

Others(specify): \_\_\_\_\_

**LANGUAGE/S SPOKEN AT HOME:**

Filipino

English

Mandarin

Fookien

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:

CONTACT NUMBER(S):

MOBILE NUMBER(S):

Priority:

**MOTHER'S INFORMATION**

LAST NAME:

FIRST NAME:

MIDDLE NAME:

HIGHEST EDUCATIONAL ATTAINMENT/DEGREE:

RELIGION:

OCCUPATION:

CHURCH AFFILIATION:

OFFICE / BUSINESS ADDRESS:

EMAIL ADDRESS:

Priority:

CONTACT NUMBER(S):

MOBILE NUMBER(S):

Priority:

**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:

Priority:

CONTACT NUMBER(S):

MOBILE NUMBER(S):

Priority:

**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): \_\_\_\_\_

*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: \_\_\_\_\_