



MERIDIAN INTERNATIONAL LEARNING EXPERIENCE

Admissions Office

79 Mother Ignacia Avenue Brgy. Paligsahan, Quezon City, Philippines 1103

Tel. 410-7942 | 374-6207 | Mobile 0916-627-4519 (global)

www.themeridian.edu.ph | email: registrar@themeridian.edu.ph

Age by August 31, 20__

Applying for Grade _____

Recent Colored Photo
(Passport Size)

APPLICATION FORM 20__-20__

GRADES 11-12

Strands:

_____ ABM (Accountancy, Business, and Management)

_____ HUMMS (Humanities and Social Sciences)

_____ STEM (Science, Technology, Engineering, and Mathematics)

APPLICANT'S INFORMATION

LAST NAME: (LEGAL NAME IN BIRTH CERTIFICATE)		FIRST NAME:		MIDDLE NAME:	
LEARNER REFERENCE NUMBER (LRN):		BIRTH ORDER:	BIRTH DATE: (MM-DD-YYYY)		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
NICK NAME:	CHINESE NAME:		BIRTH PLACE:		NATIONALITY:
HOME ADDRESS (with Barangay):					CONTACT NUMBER:
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 Vehicle <input type="checkbox"/> Others (specify):					
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 (MAIDEN NAME)

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 (AUTHORIZED PERSON TO TRANSACT IN BEHALF OF THE PARENTS, IF ANY)

FULL NAME:		RELATIONSHIP:			
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"/>		

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?

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