



MERIDIAN INTERNATIONAL LEARNING EXPERIENCE

Admissions Office
 79 Mother Ignacia Avenue Brgy. Paligsahan, Quezon City, Philippines 1103
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Recent Colored Photo
 (Passport Size)

APPLICATION FORM 20__-20__

Age by August 31, 20__

PRESCHOOL TO GRADES 1-10

Applying for Grade _____

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:
 Private Vehicle School Bus Service Car Pool Public Vehicle 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: <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