

GRADES 7-10 APPLICATION FOR ADMISSION

Admissions Office
79 Mother Ignacia Avenue Brgy. Paligsahan
Quezon City, Philippines 1103
Tel. 410.7942 | 374.6207
Mobile 0916.627.4519
www.themeridian.edu.ph
email: registrar@themeridian.edu.ph
<http://www.facebook.com/meridianPSdept>
<http://www.facebook.com/TheMeridianGradeSchool>
<http://www.facebook.com/TheMeridianHighSchool>

REQUIREMENTS AND PROCEDURES:

1.	Submit Application Form with complete requirements.	
	Write NA if the information being asked is not applicable. Please do not leave any blank.	
A.	Birth Certificate	
	If Filipino applicant :	1. submit NSO Birth Certificate original and clear photocopy.
	If has dual citizenship:	1. submit NSO Birth Certificate original and clear photocopy. 2. submit clear photocopy of <i>Philippine Passport</i> or <i>Certificate of Recognition as a Filipino Citizen</i> .
	IF not a Filipino citizen:	1. submit clear photocopy of <i>Passport (Parents and applicant)</i> . 2. submit clear photocopy of <i>Alien Certificate of Registration (ACR I-Card) (Parents and applicant)</i> .
B.	Recent ID colored photo (4 pcs, passport size)	
C.	Report Cards :	submit clear photocopy of 3 levels with minimum grade of 80% in any subject.
	1.) Current level	Grade _____
	2.) Two (2) previous level	Grade _____ Grade _____
D.	Recommendation letter from class adviser (Meridian Form)	
E.	Certificate of Good and Moral character from the Guidance Office	
F.	Certificate of Candidacy for Graduation (for Grade 7 applicants)	
G.	Clear photocopy of Grade 6 Diploma (for Grades 7 to 10 applicants)	
H.	Any other requirement that may deemed necessary by the school officials	
2.	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.	
3.	Pay the non-refundable assessment fee (exam) of Php 1,000 at the Cashier-Registrar's Office.	
4.	You will be notified of the assessment schedule through SMS or call from the Admissions Office.	
5.	Applicants with incomplete requirements will not be processed.	

ADMISSION 2016-2017
APPLICATION FOR GRADES 7 to 10

Age by August 2016 _____

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:				CONTACT NUMBER:
<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): _____				
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):
	Priority: <input type="checkbox"/>
	Priority: <input type="checkbox"/>

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: _____