

NAME OF STUDENT:

<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mobile Number: _____	Mobile Number: _____
Telephone Number: _____	Telephone Number: _____
Educational Attainment: _____	Educational Attainment: _____
Occupation: _____	Occupation: _____
Company/Business Name: _____	Company/Business Name: _____
Company/Business Address: _____	Company/Business Address: _____
Office Telephone Number: _____	Office Telephone Number: _____
FATHER	
NPS Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Grade VI Batch Year: _____	
<input type="checkbox"/> Grade X Batch Year: _____	
Parents are <input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Single Parent	
__ Catholic Church <input type="checkbox"/> Father/Mother Working Abroad <input type="checkbox"/> Others _____	
__ Civil	
__ Others	
Living Arrangement <input type="checkbox"/> With Parents <input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> Grandparents <input type="checkbox"/> With Relatives	
<input type="checkbox"/> In Boarding House / Dormitory/ Apartment <input type="checkbox"/> Others _____	
LEGAL GUARDIAN: <i>(if applicable)</i>	
Name: _____	Relationship to the Child: <input type="checkbox"/> Niece/Nephew
Address: _____	<input type="checkbox"/> Grandchild
Contact Number: _____	<input type="checkbox"/> Brother/Sister
	<input type="checkbox"/> Others _____
How did you know about Naga Parochial School?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Flyers/ Brochures <input type="checkbox"/> Streamers <input type="checkbox"/> Posters <input type="checkbox"/> NPS Website <input type="checkbox"/> NPS FB Page	
<input type="checkbox"/> Orientation/Visits/Open House	
Referred to me by:	
<input type="checkbox"/> Friends <input type="checkbox"/> Neighbor <input type="checkbox"/> Relatives <input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Others _____	
<input type="checkbox"/> NPS Teachers & Staff (please indicate the name) _____	
<i>I hereby attest to the completeness and accuracy of all information supplied in this form. I understand that withholding of information or giving false information may nullify my son's/daughter's application for admission or may jeopardize his/her continued stay after admission has been granted.</i>	
<i>I willingly give my consent to use, process, disclose, transfer or share the information gathered and documents submitted to Naga Parochial School during the enrolment to serve the educational purposes of the school, and to enable it to comply with its legal and reportorial obligations under the law and regulations, as well as improve its educational services to the community.</i>	
_____	_____
Parent/s or Authorized Guardian's Signature over printed name	Date