



**NAGA PAROCHIAL SCHOOL**

Corner Bagumbayan Sur and Ateneo Avenue, Naga City 4400 Philippines  
473-3604 / 473-3603/[www.nps.edu.ph](http://www.nps.edu.ph) / Registrar\_nps@yahoo.com

**OFFICE OF THE REGISTRAR**

**APPLICATION FORM  
(GRADE III – GRADE VI)**

SCHOOL YEAR	STUDENT NUMBER:
GRADE LEVEL ENTRY	LEARNER’S REFERENCE NUMBER:
<input type="checkbox"/> TRANSFEREE <input type="checkbox"/> RETURNEE	

<b>IMPORTANT:</b> 1. Please print legibly all the needed information. DO NOT ABBREVIATE AND DO NOT LEAVE ANY BLANK. If the information needed is not applicable, write “N/A”. 2. <b>STUDENT’S AND PARENT’S NAME MUST BE BASED ON CHILD BIRTH CERTIFICATE.</b> 3. This form and all submitted documents in compliance with the Admission Requirement shall become the property of Naga Parochial School, and are not to be returned to the applicant. 4. <b>ONLY APPLICANTS WITH COMPLETE REQUIREMENTS WILL BE PROCESSED.</b>	1.5 X 1.5 COLORED PHOTO
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**APPLICANT PERSONAL INFORMATION (Details as indicated in the Birth Certificate)**

NAME OF PUPIL

LAST NAME	FIRST NAME	MIDDLE NAME	MIDDLE INITIAL USED	EXTENSION NAME
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COMPLETE PERMANENT HOME ADDRESS

LOT NO, BLOCK NO, PHASE NO. HOUSE NO.	STREET	SUBDIVISION	BARANGAY	MUNICIPALITY/CITY	PROVINCE
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DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_ PLACE OF BAPTISM: \_\_\_\_\_ GENDER: \_\_\_\_\_

RECEIVED FIRST HOLY COMMUNION YES  NO   MALE  FEMALE

RELIGION PRACTICED: Roman Catholic (if not, please specify)

**ACADEMIC BACKGROUND**

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

SCHOOL CLASSIFICATION:  PUBLIC  PRIVATE-SECTARIAN  PRIVATE-NON SECTARIAN

REASON FOR TRANSFERRING/ENROLLING YOUR CHILD IN NPS: \_\_\_\_\_

**SCHOOL HISTORY**

SCHOOL YEAR	NAME OF SCHOOL /S ATTENDED	ADDRESS OF SCHOOL	GRADE LEVEL	SCHOOL ID
			Pre-Kinder	
			Kindergarten	
			Grade I	
			Grade II	
			Grade III	
			Grade IV	
			Grade V	

**SIBLINGS STUDYING IN NAGA PAROCHIAL SCHOOL**

NAME	GRADE LEVEL	NAME	GRADE LEVEL
1		4	
2		5	
3		6	

(Please proceed to the next page)

DO NOT WRITE BELOW THIS LINE

**CHECKLIST OF SUBMITTED REQUIREMENTS**

<input type="checkbox"/> Original Report Card	<input type="checkbox"/> Photocopy of PSA or LCR Birth Certificate
<input type="checkbox"/> Photocopy of Report Card	<input type="checkbox"/> Photocopy of Baptismal Certificate
<input type="checkbox"/> Good Moral Certificate	<input type="checkbox"/> Photocopy of Passport for Dual Citizenship
<input type="checkbox"/> Recommendation Form	<input type="checkbox"/> Special Study Permit (SSP)
<input type="checkbox"/> Health Certificate	<input type="checkbox"/> Alien Certificate of Registration (ACR)
<input type="checkbox"/> Form 137 / School Form 10	(Certificate of Recognition as Filipino/Certificate of Re-Acquisition of
<input type="checkbox"/> 1 Recent 1.5 x 1.5 ID Picture	Citizenship/Naturalization Certificate)
	<input type="checkbox"/> Others _____

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

**Processed/Evaluated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: PLEASE BRING THE ORIGINAL COPY OF THE BIRTH & BAPTISMAL CERTIFICATES FOR VERIFICATION PURPOSES.

NAME OF PUPIL:

FAMILY BACKGROUND	
Father's Full Name: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Mother's Complete Maiden Name: <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 <input type="checkbox"/> Catholic Church <input type="checkbox"/> Father/Mother Working Abroad <input type="checkbox"/> Others _____ <input type="checkbox"/> Civil <input type="checkbox"/> Others _____ <input type="checkbox"/> 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) _____	
<p><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></p> <p><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></p>	
Parent/s or Authorized Guardian's Signature over printed name	Date