



**STUDENT INFORMATION**

Name of student as it appears on Birth Certificate (Last Name, First Name, Middle Name, Suffix) \_\_\_\_\_

Complete Address \_\_\_\_\_

Gender (M/F) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Baptized (Yes / No) \_\_\_\_\_ Confirmed (Yes / No) \_\_\_\_\_  
 (DATE) (DATE)

**STUDENT CONTACT DETAILS**

Mobile Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ACADEMIC RECORD**

*Please tick:* \_\_\_\_\_ Old \_\_\_\_\_ New/Transferee

LRN (if available) \_\_\_\_\_

*Please underline:* Department (Pre-Elem / Elementary / JHS) Grade Level: \_\_\_\_\_

**For Junior High School ONLY:** \*Education Service Contracting (ESC) Program Grantee (Yes or No)

**IF YES,** ESC Student ID (if available): \_\_\_\_\_ ESC School ID: \_\_\_\_\_

**For New and Transferee ONLY**

School Type: *Please tick:* \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_ ALS \_\_\_\_\_ PEPT (Level/Score: \_\_\_\_\_)

Name of School Last Attended: (do not abbreviate) \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

School Year Last Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**FAMILY INFORMATION**

**Mother:** \_\_\_\_\_

Maiden Name: (Last Name, First Name, Middle Name, Suffix)

Current Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ FB Account Name: \_\_\_\_\_

Contact Number (Mobile / Landline) \_\_\_\_\_

**Father:** \_\_\_\_\_

Name (Last Name, First Name, Middle Name, Suffix)

Current Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ FB Account Name: \_\_\_\_\_

Contact Number (Mobile / Landline) \_\_\_\_\_

**Official Guardian nominated by the parents:** \_\_\_\_\_

Name (Last Name, First Name, Middle Name, Suffix)

Relationship to the Student: \_\_\_\_\_

Current Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ FB Account Name: \_\_\_\_\_

Contact Number (Mobile / Landline) \_\_\_\_\_

**Sibling/s**

Name of sibling/s studying in the same school: \_\_\_\_\_

Grade level/s: \_\_\_\_\_

Name/s of sibling/s who graduated from the same school: \_\_\_\_\_

Year/s of graduation: \_\_\_\_\_

**For DICES ONLY:**

Are you a child of a DICES school's faculty or employee? Please tick: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of parent employed by DICES schools: \_\_\_\_\_

Official Designation: \_\_\_\_\_ Date of employment: \_\_\_\_\_

Name of DICES school \_\_\_\_\_

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**FLEX Program Data**

Do you have internet access at home? Please tick: \_\_\_\_\_ Yes \_\_\_\_\_ No

**(If YES)** Internet Service Provider: Please tick: \_\_\_\_\_ PLDT \_\_\_\_\_ GLOBE \_\_\_\_\_ CONVERGE  
\_\_\_\_\_ MOBILE DATA \_\_\_\_\_ Others

Do you have an available gadget at home? Please tick: \_\_\_\_\_ Yes \_\_\_\_\_ No

**(If YES)** What gadget/s do you have? Please tick: \_\_\_\_\_ Smartphone \_\_\_\_\_ Tablet  
\_\_\_\_\_ Laptop \_\_\_\_\_ Computer \_\_\_\_\_ Others

Choice of Learning Kit mode of transfer: Please tick: *(All with additional fees)*

- \_\_\_\_\_ Online thru Learning Management System
- \_\_\_\_\_ Delivery or Pick-Up by USB Memory Drive,
- \_\_\_\_\_ Delivery or Pick-Up of Printed Materials & USB Memory Drive.

Preferred Location (if by delivery, with delivery fee): \_\_\_\_\_