



CLARET SCHOOL OF QUEZON CITY

Mahinhin St., U.P. Village, Diliman, Quezon City
921-6587/ 921-6617 loc. 237, 210, 264/ 921-8136 (Fax)
www.claretschool.edu.ph/ claretregistrar@gmail.com

OFFICE OF THE REGISTRAR

This application form is intended for S.Y. 20 ____ - 20 ____
Grade/ Year applying for: _____
This form is due on or before: _____

Recent 1" x 1"
Photo

INSTRUCTIONS: Please accomplish this form using block letters. Print legibly all the needed information. DO NOT ABBREVIATE AND DO NOT LEAVE ANY ITEM BLANK. If the information needed is not applicable, "Not Applicable" or "N/A" shall be written.

PERSONAL INFORMATION

NAME: _____
(On Birth Certificate) Last Name First Name Middle Name
HOME ADDRESS: _____
DATE OF BIRTH: _____ DATE OF BAPTISM: _____
PLACE OF BIRTH: _____ PLACE OF BAPTISM: _____
CITIZENSHIP: _____ RELIGION: _____ GENDER: MALE FEMALE
TELEPHONE NO. (s): _____ MOBILE NO. (s): _____

FAMILY BACKGROUND

• FATHER'S NAME: _____ LIVING DECEASED
Last Name First Name Middle Name
CITIZENSHIP: _____ RELIGION: _____
MOBILE NO. (s): _____ E-MAIL ADDRESS: _____
OCCUPATION: _____ EMPLOYER: _____ LOCAL OVERSEAS
EMPLOYER'S ADDRESS: _____ OFFICE NO. (s): _____
CLARET ALUMNUS: YES NO IF YES, PLEASE INDICATE YEAR GRADUATED: _____
• MOTHER'S NAME: _____ LIVING DECEASED
Last Name First Name Middle Name
CITIZENSHIP: _____ RELIGION: _____
MOBILE NO. (s): _____ E-MAIL ADDRESS: _____
OCCUPATION: _____ EMPLOYER: _____ LOCAL OVERSEAS
EMPLOYER'S ADDRESS: _____ OFFICE NO. (s): _____

GUARDIAN'S NAME (if applicable): _____
RELATIONSHIP TO THE APPLICANT: _____ CONTACT NO. (s): _____
HOME ADDRESS: _____ E-MAIL ADDRESS: _____
OCCUPATION: _____ EMPLOYER: _____
EMPLOYER'S ADDRESS: _____ OFFICE NO. (s): _____
PARENTS ARE:
 TOGETHER NOT MARRIED WIDOWED SEPARATED MARRIAGE ANNULLED
APPLICANT LIVING WITH:
 BOTH PARENTS FATHER MOTHER GUARDIAN/RELATIVE OTHERS: (please specify) _____

SCHOLASTIC BACKGROUND

SCHOOL YEAR	NAME OF SCHOOL	GRADE/ LEVEL ATTENDED

SIBLING (s) ENROLLED IN CLARET, IF ANY:

SIBLING (s) APPLYING IN CLARET, IF ANY:

NAME and GRADE/ YEAR	NAME and GRADE/ YEAR

Has the applicant applied before? Yes No If Yes, when? _____ What level? _____
The applicant is a fluent speaker of: _____
*** Please indicate other significant information (s) regarding the applicant that may need special/ attention/ consideration. (e.g. health condition, behavioral concerns, etc.) _____

IMPORTANT: FOR NON-CATHOLIC APPLICANTS
Non-Catholic applicants are required to undergo an interview with the Spiritual Director before enrolment.

I hereby certify that all information in this application is complete and correct.

Parent's Signature over printed name

Date

Attached with this application form:
 NSO Birth Certificate (Original copy verified)
 Baptismal Certificate/ Dedication Certificate (Original copy verified)
 Applicant's current F-138/ Report Card (Original copy verified)
 Recommendation Forms:
 Principal Guidance Counselor
 Two recent ID pictures (1" x 1")
*** For foreign students (additional requirements):
 Alien Certificate of Registration (ACR)
 Special Study Permit (SSP) issued by the Bureau of Immigration
 Passport (Original copy verified)
Documents checked and verified by: _____
Hold due to: _____

Please do not fill out this portion.

CASHIER
Amount: _____ OR #: _____
Received by: _____ Date: _____
*** Application and Testing Fee is non-refundable.
REGISTRAR'S OFFICE
Processed by: _____ Date: _____
Date of Exam: _____ Time of Exam: _____