LORENZO RUIZ DE MANILA SCHOOL
Vista Verde Executive Village, Cainta, Rizal
Trunk lines: 682-18-41/6821842
Website: www.lorenzoruiz.edu.ph

Attach ID Picture

RECORDS AND ADMISSIONS OFFICE

PRE- KINDER AND KINDER ADMISSION FORM

SCHOOL YEAR 20 ___to 20 ___

Application (Do not Fill) Date: No.:	(Name in Birth Certificate) Last Name Given Name Middle Name	Date of Birth	Age by June Yr. Mo.
Gender Female ☐ Male ☐	Learner Reference Number (For enrolled Kindergarten only)	Place of Birth	Nationality
Religion	Home Address	Landline #	Mobile #
Name of School Last Attended		Previous Grade Level_____ School's Tel. No.:_____	
Address of School		Entering Grade Level _____	
Reason for Transferring to LRMS		Is the applicant son/daughter of alumna/alumni? Yes ☐ No ☐	
Father's Name:		Occupation:	
Office Address:		Contact #:	
Mother's Name:		Occupation:	
Office Address:		Contact #:	
Guardian's Name:		Relation:	Contact #:

Father's Specimen Signature Mother's Specimen Signature Guardian's Signature

ADMISSION REQUIREMENTS

_____ 3 copies of recent ID Picture 1x1
_____ Photocopy of Birth Certificate
_____ Photocopy of Baptismal Certificate (for Catholics only)
_____ Photocopy of Report Card (For Kinder only)

Accomplished:
_____ Application Form
_____ Student Information Form
_____ Medical History Form
_____ Testing Fee/ OR #_____

Note: *Your child is* ***temporarily enrolled*** *unless the required documents are submitted to our office. (Ref. D.O #88, s. 2010)*

Received by: _____ Application approved by: _____
(Initial) (Date) (Registrar) (Date)

TESTING (Research and Guidance Office)

Date of Test	Time	Place	Rescheduled to:	Examiner

Test Results:

Behavioral Observations:

Examiner's Remarks:

INTERVIEW (Office of the Principal)

Date of Interview	Time	Place	Interviewer:
			_____ (Name & signature)

Remarks: