



MARIA REGINA GRADE SCHOOL APPLICATION 2024/2025

Please complete in BLOCK letters

CHILD'S PERSONAL DATA:

SURNAME: _____

FIRST NAME: _____

DATE OF BIRTH: / /
D M YY

GENDER: MALE FEMALE

PLACE OF BIRTH: _____

NATIONALITY: _____

RELIGION: _____

PIN (if applicable): _____

ADDRESS: _____

SCHOOL CURRENTLY ATTENDING: _____

PARENTS' PERSONAL DATA:

MOTHER:

SURNAME: _____

FIRST NAME: _____

MAIDEN NAME: _____

Single Married Divorced Other

RELIGION: _____

TEL. #: _____

HOME ADDRESS: _____

OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

EMAIL: _____

SIGNATURE: _____

PAST PUPIL:

MRGS: SJC: OTHER: _____

FATHER:

SURNAME: _____

FIRST NAME: _____

Single Married Divorced Other

RELIGION: _____

TEL. #: _____

HOME ADDRESS: _____

OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

EMAIL: _____

SIGNATURE: _____

PAST PUPIL:

MRGS: CIC: OTHER: _____

CANDIDATES OTHER RELATIVES:

(who attend or attended MRGS)

NAME: _____

RELATION: _____

GRADE: _____

YEAR LEFT: _____

(where applicable)

RECOMMENDED BY:

NAME: _____

CONTACT NO.: _____

SIGNATURE: _____

PLEASE WALK WITH ALL ORIGINALS FOR VERIFICATION PURPOSES

attached (copies) :

Birth Certificate

Baptism Certificate

Immunization Card

Passport Pictures