



57 Esteban Abada Street, Loyola Heights, Quezon City  
Telephone No. 426-0310

<b>APPLICANT'S DATA SHEET</b> Schoolyear _____ to _____
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Name _____	Nickname _____
Surname      First      Middle	
Birthdate _____	Citizenship _____
Month      Day      Year	
Sibling Position _____	Religion _____
Brothers      Sisters	
Address _____	Tel. No. _____
_____	_____
_____	_____

Has your child attended any other preschool?       Yes       No

If yes,  
Name of School \_\_\_\_\_

Dates Attended \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

What languages is your child exposed to at home?  
(Please check appropriate box.)

<input type="checkbox"/> Purely English
<input type="checkbox"/> Purely Filipino
<input type="checkbox"/> Mainly English, a little Filipino
<input type="checkbox"/> Mainly Filipino, a little English
<input type="checkbox"/> Others: _____

Please specify

\_\_\_\_\_  
I, \_\_\_\_\_, hereby apply for the admission of \_\_\_\_\_, as a student of FAMILY MONTESSORI PRESCHOOL OF LOYOLA, INC. for the academic term beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Parent / Guardian