



Espiritu Santo Parochial School of Manila, Inc.
 1912 Avenue Sta. Cruz, Manila
 Tel. 7110991 – 7210075 – 7086603 Fax. 7111426
 Annex II - 7111103 – 5540743

1 X 1
Colored
Picture

Grade School Application Form

Admission To						Application Status									
N	K	P	1	2	3	4	5	6	<input type="checkbox"/> Regular		<input type="checkbox"/> Dropped		<input type="checkbox"/> Repeater		
Last Name				First Name				Middle Name							
<i>Home Address</i>															
Blk, / House No.			Street				Barrio			City /Town					
Birth Date		Sex		Age		Birth Place		No. of Brothers		No. of Sisters					
Birth Order ___ Only Child ___ Eldest ___ Youngest ___ Middle (specify if 2 nd , 3 rd , 4 th etc. from the eldest) ___															
Tel. No.				Cell No.				Religion							
<i>Family Background</i>															
Parents / Guardian's Name				Age		Occupation		Company		Office Tel. No.					
Father															
Mother (Maiden Name)															
Official Guardian (if student is not living with parent)															
Relationship Status of Parent: ___ Single Parent ___ Separated ___ Married & Living Together ___ Others _____															
<i>Educational Background</i>															
Level		Name of School				Inclusive Dates				Honors / Awards					
Pre-school															
Primary															
Brothers / Sisters studying in Espiritu Santo Parochial School															
Name						Grade / Year & Section									
I hereby certify that the above information are true and correct															
Parent's / Guardian's Signature				Printed Name				Date of Filing							
Do Not Fill-In this part (ESPS Registrar's Office Use Only)															
Examination Date				O.R. No. / O.R. Date				Re-scheduled Date							
TEST RESULT – To be filled in by the Admission Committee															
Date								Guidance Counselor							
Date								VP – Academics							
Date								VP – Discipline							



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High School Application Form

Admission To				Application Status			
<input type="checkbox"/> Gr. 7		<input type="checkbox"/> Gr. 8		<input type="checkbox"/> Gr. 9		<input type="checkbox"/> 4 th Year	
<input type="checkbox"/> Regular				<input type="checkbox"/> Dropped		<input type="checkbox"/> Repeater	
Name of School				School Address			
Gen Ave.		Grading Period			Conduct Grade		
Math ___		Science ___		English ___		Total Attendance	
Last Name		First Name			Middle Name		
<i>Home Address</i>							
Blk. / House No.		Street		Barrio		City /Town	
Birth Date		Sex	Age		Birth Place	No. of Brothers	No. of Sisters
Birth Order ___ Only Child ___ Eldest ___ Youngest ___ Middle (specify if 2 nd , 3 rd , 4 th etc. from the eldest) ___							
Tel. No.			Cell No.			Religion	
Family Background							
Parents / Guardian's Name			Age	Occupation	Company	Office Tel. No.	
Father							
Mother (Maiden Name)							
Official Guardian (if student is not living with parent)							
Relationship Status of Parent: ___ Single Parent ___ Separated ___ Married & Living Together ___ Others _____							
I hereby certify that the above information are true and correct							
Parent's / Guardian's Signature			Printed Name			Date of Filing	
Brothers / Sisters studying in Espiritu Santo Parochial School							
Name				Grade / Year & Section			
Do Not Fill-In this part (ESPS Registrar's Office Use Only)							
Examination Date		Room Number		O.R No. / O.R. Date		Re-Scheduled	
Examination Date		Room Number		O.R No. / O.R. Date		Re-Scheduled	
TEST RESULT – To be filled up by the Admission Committees							
Guidance							
VP – Discipline							
VP – Academics							
Guidance							
VP – Discipline							
VP – Academics							
Reservation Receipt / Date			Enrolment Receipt / Date			Mode of Payment	