



STUDENT INFORMATION

Name of student as it appears on Birth Certificate (Last Name, First Name, Middle Name, Suffix) _____

Complete Address _____

Gender (M/F) _____ Date of Birth (MM/DD/YYYY) _____ Age _____

Place of Birth _____ Nationality _____ Religion _____

Baptized (Yes / No) _____ Confirmed (Yes / No) _____

STUDENT CONTACT DETAILS

Mobile Number: _____ Telephone Number: _____

E-mail Address: _____

ACADEMIC RECORD

Please tick: _____ Old (_____ Zero Top-Up _____ Regular) _____ New/Transferee

LRN (if available) _____

Preferred Strand: _____ ABM _____ HUMSS _____ STEM _____ GAS _____ Grade Level: _____

For New and Transferee ONLY

School Type: Please tick: _____ Private _____ Public _____ ALS _____ PEPT (Level/Score: _____)

Name of School Last Attended: (do not abbreviate) _____

Address of Previous School: _____

School Year Last Attended: _____ Grade Level: _____

IF PRIVATE, *Education Service Contracting (ESC) Program Grantee /Voucher Recipient _____ Yes _____ No

IF YES, ESC Student ID (if available): _____ QVR Number: _____

FAMILY INFORMATION

Mother: _____

Maiden Name: (Last Name, First Name, Middle Name, Suffix)

Current Address: _____

Occupation: _____ FB Account Name: _____

Contact Number (Mobile / Landline) _____

Father: _____

Name (Last Name, First Name, Middle Name, Suffix)

Current Address: _____

Occupation: _____ FB Account Name : _____

Contact Number (Mobile / Landline) _____

Official Guardian nominated by the parents: _____

Name (Last Name, First Name, Middle Name, Suffix)

Relationship to the Student: _____

Current Address: _____

Occupation: _____ FB Account Name; _____

Contact Number (Mobile / Landline) _____



Diocese of Imus Catholic Educational System, Inc. (DICES)
Saint Augustine School
SENIOR HIGH SCHOOL
Daang Amaya 3, Tanza, Cavite, Philippines 4108
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Sibling/s

Name of sibling/s studying in the same school: _____

Grade level/s: _____

Name/s of sibling/s who graduated from the same school: _____

Year/s of graduation: _____

For DICES ONLY:

Are you a child of a DICES school's faculty or employee? Please tick: _____ Yes _____ No

Name of parent employed by DICES schools: _____

Official Designation: _____ Date of employment: _____

Name of DICES school _____

FLEX Program Data

Do you have internet access at home? Please tick: _____ Yes _____ No

(If YES) Internet Service Provider: Please tick:

_____ PLDT _____ GLOBE _____ CONVERGE _____ MOBILE DATA _____ Others

Do you have an available gadget at home? Please tick: _____ Yes _____ No

(If YES) What gadget/s do you have?

Please tick: _____ Smartphone _____ Tablet _____ Laptop _____ Computer _____ Others

Choice of Learning Kit mode of transfer: Please tick: *(All with additional fees)*

_____ Online thru Learning Management System

_____ Delivery or Pick-Up by USB Memory Drive,

_____ Delivery or Pick-Up of Printed Materials & USB Memory Drive.

Preferred Location (if by delivery, with delivery fee): _____