



MARINDUQUE MIDWEST COLLEGE, INC.

Dili, Gasan, Marinduque

Tel No. (042) 342-1378 / Telefax: (042) 342-1014

STUDENT'S PERSONAL DATA SHEET

_____ Department

(Please fill-out this form legibly and honestly. Write NA if the item is not applicable to you. Blank items would mean NA)

1. NAME: Last Name: _____ First Name: _____ Middle Name: _____
 (NOTE: If married, please encircle maiden name.)
2. SEX: _____ CIVIL STATUS: _____ NATIONALITY: _____
3. BIRTHDATE: Month: _____ Day: _____ Year: _____
4. BIRTHPLACE: Barrio: _____ Town: _____ Province: _____
5. PRESENT HOME ADDRESS: _____
6. NAME OF PARENT:
 - Father: _____ Occupation: _____
 - Mother: _____ Occupation: _____
 - Guardian: _____ Occupation: _____
 - Relationship to the Guardian: _____
 - (NOTE: If the father or mother is already dead, write DECEASED.)
7. ADDRESS OF PARENT OR GUARDIAN: _____
8. PRELIMINARY EDUCATION:
 - Primary School (Gr. 1-4) Completed at: _____
 - SY: _____ School Address: _____
 - Intermediate (Gr. 5-6) Completed at: _____ SY: _____
 - School Address: _____ Gen. Average: _____
 - Honors Received: _____

 - High School Completed at: _____ SY: _____ Date of Grad.: _____
 - First Year: _____ SY: _____ School Address: _____
 - Second Year: _____ SY: _____ School Address: _____
 - Third Year: _____ SY: _____ School Address: _____
 - Fourth Year: _____ SY: _____ School Address: _____
 - Honors Received: _____ General Average: _____
9. COLLEGE / UNIVERSITY PREVIOUSLY ATTENDED: _____ School Address _____
10. INCLUSIVE DATES: _____
11. DEGREE OR TITLE EARNED: _____ Date of Grad.: _____
12. WHO SUPPORTS YOUR STUDIES? _____
13. SCHOLARSHIP GRANT CURRENTLY ENJOYING: _____
14. IF EMPLOYED, state nature of employment: _____
 Where employed: _____
15. Old student returning (not enrolled last semester) : Please check: _____ Yes/ _____ No
16. Regular Student: Please Check: _____ Yes / _____ No
17. Cross Registrant From: _____
18. CREDENTIALS SUBMITTED UPON ENROLMENT:

<input type="checkbox"/> F138	<input type="checkbox"/> Good Moral	<input type="checkbox"/> Medical Certificate
<input type="checkbox"/> F137	<input type="checkbox"/> Transfer Credential	<input type="checkbox"/> Marriage Contract
<input type="checkbox"/> TOR	<input type="checkbox"/> ID Picture	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Brgy. Clearance	

I certify that the data written above are true and correct.

SIGNED this _____ day of _____, 201_____.

 Signature over Printed Name of Student

CONTRACT

I hereby abide with all the rules and regulations of the school important among them are:

BEHAVIOR

Should I misbehave to the extent that it has become prejudicial to the interest of the students and the school, the administration has the right to suspend me, order for my transfer to another school or impose any other appropriate disciplinary action, which I shall fully accept.

That the school reserves the right to have me or my parents called to the office of the Dean/Director of Principal or by any member of the faculty for any offense I commit in and outside of the school which deserves to be known by the concerned school authority. Failure to do so on my part or on my parents would mean non – admission to my classes until such request is complied with.

FINANCIAL OBLIGATIONS

That I shall pay my tuition fee and other school obligation on or before the prescribed due date of payment. If I fail to do so, the school has the right to impose appropriate sanction such fines, prevention from taking major exam or no admittance in classes until such obligation is paid.

That financial obligation agreed upon by the student government or by the parents are included among the list of financial obligations throughout the year and payment of the same shall be regularly made.

WEARING OF PRESCRIBED UNIFORM AND ID

That I shall attend classes and other school functions in complete prescribed uniform. No school ID will mean no admittance in the campus and absence from class.

OTHER RESPONSIBILITIES

That I shall be diligent and conscientious in my studies and actively participative in co – curricular activities initiated particularly by the school.

This contract shall be valid from _____ to _____.

Student Signature over Printed Name

Department Chairman

CONFORME:

Parent/Guardian Signature