

RECENT  
1" x 1"  
ID Picture



**MARIST SCHOOL**  
Marikina Heights, Marikina City

*\* To be filled-out by the RO staff*

Applicant for Grade: **7 8 9 10**

OR No. \_\_\_\_\_

**Testing Schedule –**

Date: \_\_\_\_\_

Time: 8:00 am

**IMPORTANT:**

*Pls. PRINT ALL information legibly*

**APPLICATION FOR ADMISSION – GRADES 7 to 10**

**STUDENT'S NAME:** \_\_\_\_\_

Last Name

First Name

Middle Name

Date of birth:	Place of birth:	Religion:
Age by JUNE:	Nationality:	Birth Order: 1 2 3 others: _____
Home Address:		
Residence Telephone Number:		

**School** [including tutorial center/review class attended, if any]: *(please start with the most recent)*

Name of School	Address	School Year	Gr. level

**Parents' Information:** *(kindly indicate (+) if deceased; (M) if Father is a Marista)*

Name	Occupation	Business address	Tel. No.
<b>Father:</b>			
<b>Mother:</b>			
<b>Guardian:</b>			
<b>Signature:</b>	<b>Relationship:</b>		

**Children in the Family** *(Please list them according to their birth order including the applicant.)*

Name	Age	Gr. Level	School

Please include other significant information that the interviewer/ examiner should know regarding the applicant.  
*(E.g. health condition, behavior, special learning needs, etc.)*

Is the applicant an Education Service Contracting (ESC) Program recipient?  YES  NO (If YES, pls. indicate ESCID # \_\_\_\_\_)

I hereby certify that all information supplied in this application is complete and accurate.

\_\_\_\_\_  
Father's signature over printed name

\_\_\_\_\_  
Mother's signature over printed name

**APPLICANT'S COPY**  
**TEST PERMIT**

**IMPORTANT:** *Present this permit on the testing and test results release dates*



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Applicant for Grade: **7 8 9 10**

OR No. \_\_\_\_\_

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**STUDENT'S NAME:** \_\_\_\_\_

Last Name

First Name

Middle Name

<b>Testing Schedule:</b>	_____ /8:00 am
<b>Place:</b>	OSS Grade School Testing Room (Ground floor, GS Bldg.)
<b>Examiner:</b>	Miss Wenna Brigaste, Rpm
<b>Release of test result:</b>	_____ /1:00 – 3:00 pm ONLY/ Registrar's Office

**Processed by:** Accounting Staff \_\_\_\_\_ Registrar's Staff \_\_\_\_\_

**IMPORTANT:**

- \* *This form does not serve as your reservation and is valid only after receipt of payment and validation by the Registrar's Staff.*
- \* *For questions or to set an appointment: call trunk line – 942-0526 local 232 and look for Mrs. Cecille Cruz, OSS secretary.*
- \* *Please read the important REMINDERS and INSTRUCTIONS printed at the back.*

# High School Admission – Grades 7 to 10

## Policy on Admission

All applicants are required to take the **School Ability Test** and the **Reading, Mathematics, and Science Achievement Tests** for admission to the high school department following a set of guidelines set by the Marist School Admissions Committee. Application period starts in **August** while testing begins in **January** and lasts until available slots are filled.

## Admission to Grades 7 to 10

The applicant's admission to the grade school department is **based on his performance in the examinations** that measure readiness for the next grade level tasks.

The test results are **confidential** and are personally released to **authorized persons only**. A conference with the **Admissions Committee Chair** may be set to discuss the student applicant's performance in the tests.

## Pre-application Requirements

Application forms are distributed at the **Registrar's Office** beginning **August** until available slots are filled.

The required documents are as follows:

1. One photocopy of the applicant's **birth certificate** (it DOES NOT have to be a NSO copy)
2. One photocopy of the applicant's **current report card**
3. Two recent **1" x 1" ID pictures** to be pasted on the Guidance copy of the application form and test permit.

## Application Procedures

1. Present the requirements at the **Registrar's Office** to secure an application form.
2. Completely fill out the **application form**.
3. Present the duly accomplished form to the **Business Office** and pay the application and testing fee of **P500.00** (non-refundable).
4. Submit the application form together with the receipt of payment to the **Registrar's Office** for validation and to secure the test permit.

## Contact Numbers

- **Registrar's Office** (Tel. No. 942-0526 local 243)
- **Business Office** (Tel. No. 942-0526 local 267)

**Monday to Friday – 8:00 am to 3:00 pm**

## Reminders

1. The school implements a **NO TEST PERMIT, NO TEST** policy. Hence, **bring the test permit at all times**.
2. Be at the lobby of the **GS building** at least **15 minutes before** the scheduled testing. **Latecomers will not be admitted and will be re-scheduled**. Parents and guardians **will not be allowed** inside testing room.
3. In case of **cancellation of classes due to typhoons** or when in conflict with major school activities; if the student **gets sick or encounters an emergency situation** and cannot come on the scheduled testing, please call the Office of Student Services secretary, **Mrs. Cecille Cruz** (Tel. No. 942-0526 local 232) to re-schedule the **test**.
4. Make sure that the applicant eats a good breakfast before the testing. There will only be a **fifteen-minute break**, applicants must **bring their snacks** (one solid, one liquid only).
5. The testing is **done in groups** and the applicant must bring **3 sharpened pencils with eraser** and a **black ball pen**.

## On Test Results

1. Test results are released thru the **Registrar's Office** (and never over the telephone), **three working days** after the testing schedule.
2. To ensure the **confidentiality** of test results, parents and/or guardians need to present the **TEST PERMIT** to the Registrar's staff before being given the results.
3. Enrollment, submission of requirements, and payment of fees shall be scheduled upon the release of test results. Failure to enroll on the specified schedule means that the applicant is not intending to enroll at Marist School. As such, the school is at liberty to replace him.
4. For inquiries and questions about the test results, please confer with the admissions committee chair, **Mrs. Imelda Carmona, RGC**, at the **Office of Student Services**.

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**How did you come to know about Marist School? (Please check)**

- |  |  |
|--|--|
| <input type="checkbox"/> Website   | <input type="checkbox"/> Tarpaulins                  |
| <input type="checkbox"/> Recommendation from a relative/friend/colleague   | <input type="checkbox"/> Flyers                      |
| <input type="checkbox"/> Social networking sites (Facebook, twitter, etc.) | <input type="checkbox"/> Others (pls. specify) _____ |