



MIRIAM COLLEGE NUVALI
Calamba, Laguna
Admissions Office

Attach 2 x 2
Picture Here

APPLICATION FORM

Level Applying For: _____ School Year: 20 ____ 20 ____

- | | | | | |
|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> First Step | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 10 |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 11 |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 12 |

I. PERSONAL INFORMATION
(Details as indicated in the Birth Certificate)

NAME: _____
 SURNAME GIVEN NAME MIDDLE NAME M.I. (used) NICKNAME

Date of Birth: _____ Place of Birth: _____ Sex: _____ Present Age: ___yrs. ___mos.
Citizenship: _____ Religion: _____ Telephone No.: _____
Present Address: _____
 (House No.) (Street, Barangay/Village) (City/Municipality) (Province) Zip Code

Languages spoken at home: Please check (v)
 English Tagalog Others (Pls. Specify): _____

II. EDUCATIONAL BACKGROUND

CURRENT SCHOOL: _____ Present Grade Level: _____
School Address: _____ Year of Graduation: _____
If transferring from another school, kindly state the reason for transferring: _____

Previously Completed Grade Level	Name & Address of School/s Attended
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. FAMILY DETAILS

Marital Status of Parents: Please check (v)
 Married & Living Together Single Parent Annulled Others Pls. Specify _____
 Married but Separated Spouse Abroad Widowed

While studying in Miriam College, she will live with: Please check (v)
 Father Mother Whole Family
 Grandparents Other Relatives Boarding House

FATHER'S NAME: _____

Date of Birth: _____ Age: _____ Citizenship: _____

College/University Attended: _____ Highest Degree Attained: _____

Occupation: _____ Position: _____ Office Tel. No.: _____

Office Name: _____ Office Address: _____

Email Address: _____ Mobile No.: _____

Maryknoll/Miriam College Alumnus? Pls. Check (v)

Child Study Center Yes School Year _____ No

College Yes School Year _____ No

Living Deceased

MOTHER'S NAME: _____

Date of Birth: _____ Age: _____ Citizenship: _____

College/University Attended: _____ Highest Degree Attained: _____

Occupation: _____ Position: _____ Office Tel. No.: _____

Office Name: _____ Office Address: _____

Email Address: _____ Mobile No.: _____

Maryknoll/Miriam College Alumna? Pls. Check (v)

Grade School Yes School Year _____ No

High School Yes School Year _____ No

College Yes School Year _____ No

Living Deceased

GUARDIAN'S NAME: _____ Citizenship: _____ Date of Birth: _____

(Please write the name of the Legal Guardian in case parents are not available)

Home Address: _____ Relationship to student: _____

Telephone No.: _____ Mobile No.: _____ Email Address: _____

Occupation: _____ Position: _____ Office Tel. No.: _____

Office Name: _____ Office Address: _____

IV. SIBLING/S INFORMATION

Name/s of Brother/s & Sisters/s	Birthdate	Age	Present School	Grade / Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship to student: _____

Address: _____ Tel. No.: _____ Mobile No.: _____

How or where did you find out about MC Nuvali?:

- Miriam College Website
- Miriam College Facebook Page
- Miriam College Twitter Page
- Banner/Billboard/Tarpaulin
- Referrals _____
(Name of referring Family / Friend)
- Posters
- Search Engine (Google, Yahoo, etc.)
- Brochures / Fylers
- Others (Please specify) _____

VI. ADDITIONAL INFORMATION:

(Please answer if applicable)

1. Has your child received First Holy Communion?

*Yes; Date of 1st Communion: _____ No

2. Has your child received the Sacrament of Holy Confirmation?

*Yes; Date of Confirmation: _____ No

**Please submit a copy of the certification.*

**I hereby certify that all information supplied for _____, _____
(name & grade level of student) in this application is complete, true and correct.**

Application form filled out by: _____ Date: _____
(Signature over Printed name)

-----Please do not write anything below-----

- | | |
|--|--|
| <input type="checkbox"/> Certified True Copy of the most recent current level report card | <input type="checkbox"/> Homeroom Adviser Recommendation Form |
| <input type="checkbox"/> Certified True Copy of the complete (1 st – 4 th grading) previous grade level report card | <input type="checkbox"/> Guidance Counselor Recommendation Form |
| <input type="checkbox"/> Original copy of NSO Birth Certificate | <input type="checkbox"/> Student Health Record Form |
| <input type="checkbox"/> Photocopy of Baptismal Certificate (Present original copy for verification) | <input type="checkbox"/> Application Form |
| <input type="checkbox"/> Duly signed MCN Waiver Form for Non-Catholic Applicants | <input type="checkbox"/> Non-Refundable Application & Testing Fee (Php600.00) |
| <input type="checkbox"/> Two (2) pcs. 2 x 2 Recent colored ID Pictures | <input type="checkbox"/> Photocopy of National Career Assessment Examination (NCAE) results for Senior High School (SHS) applicants |

Additional requirements for *foreign / dual citizenship students*:

- Original Transcript of Records with English translation and duly authenticated by the Philippine Foreign Service Establishment located at the student’s country of origin or legal residence**
- Report cards should have the English translation for foreign students from a foreign school**
- Original and Photocopy of updated Passport and Visa of parents and student/s**
- Photocopy of Alien Certificate of Recognition/I-Card (present original for verification)**
- BI Form 2014-02-005 Rev 0/CGAF Form (form provided by the MCN Admissions Office)**
- Certificate of Recognition as a Filipino if with dual citizenship**

NAME OF STUDENT: _____ GRADE LEVEL APPLYING FOR: _____

APPLICATION # _____ OR # _____ Date: _____

ASSESSMENT DATE & TIME: _____ ASSESSMENT DATE & TIME: _____

ASSESSMENT DATE & TIME: _____

Be at the MCN lobby area 15 minutes before the agreed schedule date & time and bring the following:

- 2 sharpened pencils
- Erasers
- Snacks (for grades 1 and up)

Processed by: _____ Date: _____



MIRIAM COLLEGE NUVALI
Calamba, Laguna

RECOMMENDATION FORM for Student Applicants: To be filled out by the Class Adviser

NAME OF STUDENT _____
Family Name
Given Name
Middle Name

Name of Last School _____

School Address _____ **Tel. No.** _____

Grade Applying for _____

To The Class Adviser:

The student whose name appears above is applying for admission to **MIRIAM COLLEGE NUVALI**. Your thorough evaluation will help the Admissions Committee in making final selections for admission. Please feel free to include any pertinent information, as this shall be dealt with utmost confidentiality.

The Applicant's Qualities

Please assess the applicant by checking the appropriate boxes.

	Excellent	Above Average	Average	Below Average	Poor
Ability to learn					
Intellectual capacity					
Ability to work independently					
Ability to work with others					
Communication Skills					
Self-confidence					
Social Relationship					
Leadership Potential					
Self-discipline					

The Applicant's Performance

Total # of students in their class: _____ Total # of students in their batch: _____

Based on the entire **class / batch (encircle which was used to rank)**, the applicant belongs to:

Top 10 % Upper 25% Middle 50% Lower 25%

1. Has the applicant been involved in any disciplinary cases? ___ Yes ___ No
If yes, please describe

2. What do you consider to be the applicant's strengths?

3. In what areas can the applicant improve on?

4. Has the applicant had any family/peer problem(s) that may have had an effect on the student? ___ Yes ___ No
If yes, please describe

OVERALL RECOMMENDATION (please check one)

Strongly recommended Recommended w/ reservation
 Recommended Not Recommended

How long have you known the applicant? _____

Printed Name: _____

Signature: _____

Designation: _____

Contact No.: _____

Date: _____

Please affix School

Dry seal here

Thank you for completing this recommendation form. Please return this form in a sealed envelope with your signature across the flap. Should there be need for clarification, please do not hesitate to contact us at mobile number +639163384085 or MC Nuvali Tel. No. (049) 576-0987.



MIRIAM COLLEGE NUVALI
Calamba, Laguna

RECOMMENDATION FORM for Student Applicants: To be filled out by the Guidance Counselor

NAME OF STUDENT _____
Family Name
Given Name
Middle Name

Name of Last School _____

School Address _____ **Tel. No.** _____

Grade Applying for _____

To The Guidance Counselor:

The student whose name appears above is applying for admission to MIRIAM COLLEGE NUVALI. Your thorough evaluation will help the Admissions Committee in making final selections for admission. Please feel free to include any pertinent information, as this shall be dealt with utmost confidentiality.

The Applicant's Qualities

Please assess the applicant by checking the appropriate boxes.

	Excellent	Above Average	Average	Below Average	Poor
Ability to learn					
Intellectual capacity					
Ability to work independently					
Ability to work with others					
Communication Skills					
Self-confidence					
Social Relationship					
Leadership Potential					
Self-discipline					

The Applicant's Performance

Total # of students in their class: _____ Total # of students in their batch: _____

Based on the entire **class / batch (encircle which was used to rank)**, the applicant belongs to:

Top 10 % Upper 25% Middle 50% Lower 25%

1. Has the applicant been involved in any disciplinary cases? ___ Yes ___ No
If yes, please describe

2. What do you consider to be the applicant's strengths?

3. In what areas can the applicant improve on?

4. Has the applicant had any family/peer problem(s) that may have had an effect on the student? ___ Yes ___ No
If yes, please describe

OVERALL RECOMMENDATION (please check one)

Strongly recommended Recommended w/ reservation
 Recommended Not Recommended

How long have you known the applicant? _____

Printed Name: _____

Signature: _____

Designation: _____

Contact No.: _____

Date: _____

Please affix School

Dry seal here

Thank you for completing this recommendation form. Please return this form in a sealed envelope with your signature across the flap. Should there be need for clarification, please do not hesitate to contact us at mobile number +639163384085 or MC Nuvali Tel. No. (049) 576-0987.



Miriam College Nuvali

Calamba City, Laguna

Clinic

NAME: _____
 Last First Middle Nickname
 ADDRESS: _____ TEL NO. _____ Sex _____
 BIRTHDAY: _____
 FATHER'S NAME: _____ MOTHER'S NAME: _____
 OCCUPATION: _____ OCCUPATION: _____
 BUSINESS ADDRESS: _____ BUSINESS ADDRESS: _____
 TEL. NUMBER (S): _____ TEL. NUMBER (S): _____
 CELLPHONE #: _____ CELLPHONE #: _____

STUDENT FREQUENTLY HAD: (Please check)

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Fever
<input type="checkbox"/> Back ache	<input type="checkbox"/> Headache
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Easy fatigability
<input type="checkbox"/> Colds	<input type="checkbox"/> Nose Bleeding
<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Others (specify)

PAST DISEASE: (please check)

<input type="checkbox"/> Allergy	<input type="checkbox"/> German Measles	<input type="checkbox"/> Tonsilitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps	<input type="checkbox"/> Bleeding Tendencies
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Joint swelling
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Urinary trouble	<input type="checkbox"/> Heart trouble
<input type="checkbox"/> Diptheria	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Worms
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Primary complex	<input type="checkbox"/> Operations
<input type="checkbox"/> Measles	<input type="checkbox"/> Typhoid	<input type="checkbox"/> Injuries

FAMILY DISEASE: (please check if a family member has any with the ff.)

<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Peptic ulcer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Others (specify)

DRUG PREPARATION GIVEN TO CHILD IN CASE OF:

Fever _____	Eye Problem _____
Abdominal Pain _____	Cough & Colds _____
Headache _____	Dizziness _____
Others _____	

VACCINATION RECORD:	Date(s) given
<input type="checkbox"/> BCG	_____
<input type="checkbox"/> DPT	_____
<input type="checkbox"/> Poliomyelitis	_____
<input type="checkbox"/> Measles	_____
<input type="checkbox"/> Mumps	_____
Others _____	_____
_____	_____
_____	_____
_____	_____

Please note down on the space below if child:

1. has any special medication
2. requires special care
3. is allergic to any drug preparation
4. has requests

and/or

IN CASE OF EMERGENCY (ACCIDENT OR ILLNESS) AND PARENTS CANNOT BE REACHED BY PHONE, ALTERNATE PERSONS TO BE NOTIFIED:

1. _____ Contact No. _____
2. _____ Contact No. _____

DOCTOR TO BE NOTIFIED: _____ Contact No. _____
 IF EMERGENCY TREATMENT IS NECESSARY, MAY THE SCHOOL
 AUTHORITIES TAKE THE CHILD TO THE NEAREST CLINIC/HOSPITAL?
 YES: _____ NO: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Miriam College Nuvali
 CALAMBA CITY, LAGUNA
STUDENT'S HEALTH RECORD
 (to be filled up by Miriam College Nuvali Clinic)

Name _____

									CONSULTATION RECORD
DATE									
GRADE LEVEL & SECTION									
AGE									
Height									
Weight									
Vision R.									
Vision L.									
Hearing L.									
Hearing R.									
Speech									
NASAL BREATHING									
Pediculosis									
Eye									
Ear									
Nose									
Teeth									
Mouth Hygiene									
Tonsils									
Throat									
Cervical Glands									
Skin									
Cleanliness									
Nutrition									
Posture									
Deformities									
Thyroid gland									
Adenoids									
Lungs									
Heart									
Spleen									
Doctor's Signature									

CODE O-Satisfactory; X-Observation; XX-requiring attention; XXX-Immediate action needed
 (XX)-Corrected (XX)-Attempted to be corrected unsuccessfully.