DIOCESE OF IMUS CATHOLIC EDUCATIONAL SYSTEM
FR. MICHAEL DONOHER MEMORIAL SCHOOL INC.
J. P. Rizal Street Poblacion 1, Silang, Cavite
(046) 404-1950 / 09610244357
fmdms_silang@yahoo.com

"Let us be for Christ and not for ourselves."
-St. Columban

REGISTRATION FORM

LRN Number: _____ **Student Number:** _____

Name of Pupil: _____ _____ _____ _____
(Last Name/ Apelyido) *(First Name / Pangalan)* *(Middle Name)* *(Ext. Name)*

Sex: ☐ Male ☐ Female **Date of Birth:** _____ **Place of Birth:**_____
(Month/Day/Year) *(Town, Province)*

Nationality: _____ **Religion:**_____ **Mobile number:** _____

Phone number: _____

Address: _____ _____ _____ _____ _____
(House # /Street / Sitio/ Purok) *(Barangay)* *(Municipality/City)* *(Province)* *(Zip Code)*

Mother Tongue: _____ **Other Spoken Languages:** _____

_____

Father's name: _____ _____ _____ **Occupation:** _____
First Name *Middle Name* *Last name*

Mother's Maiden Name: _____ _____ _____**Occupation:** _____
First Name *Middle Name* *Last name*

Guardian (if not Parent) : _____ **Relationship:** _____
(First Name Middle Name Last name)

FOR TRANSFEREE:

Name of Previous School: _____ School Year: _____
(Last Attended)

Address of Previous school: _____ School ID: _____
(6 digit number of school)

Contact Number of Previous School: _____

CREDENTIALS SUBMITTED:

For New students/transferees:

( ) Birth certificate (NSO) ( ) Baptismal certificate ( ) Report card

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Admitted to:

Grade _____	Date: _____	Parent/Guardian: _____	Registrar: _____
Grade _____	Date: _____	Parent/Guardian: _____	Registrar: _____
Grade _____	Date: _____	Parent/Guardian: _____	Registrar: _____
Grade _____	Date: _____	Parent/Guardian: _____	Registrar: _____
Grade _____	Date: _____	Parent/Guardian: _____	Registrar: _____
Grade _____	Date: _____	Parent/Guardian: _____	Registrar: _____
Grade _____	Date: _____	Parent/Guardian: _____	Registrar: _____
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