



# montessori integrated school

## SCHOLASTIC RECORD FORM

(For: Gr 8,9,10 and SHS Applicants)

NAME OF APPLICANT: \_\_\_\_\_ Gender:  Male  Female  
Last First Middle

School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Barangay Municipality/City Province Postal Code

**To the Applicant:** Write the information needed above. Give this form to your high school principal. Also supply him/her with an envelope.

**To the Principal/Registrar:** The person above is applying for admission at Montessori integrated School. It is important that this form be filled out accurately and completely. The information about RANK is important. Please DO NOT omit THIS.

Please sign or write legibly all information asked for. Initial all erasures and corrections made. You may delegate the filling out of this form to the School Registrar.

Since the information is confidential, after accomplishing the form, please seal it an envelope, sign the flap and return to the applicant. The information in this form will be retained and will be processed by Montessori Integrated School in compliance with the Data Privacy Act of 2012. Thank you for your assistance.

**TYPE OF SCHOOL:**

- PUBLIC**
  - General
  - Science Oriented
  - National/Provincial
  - Barrio
- PRIVATE**
  - Sectarian
  - Non-Sectarian

**Total Number of Expected Completers:** \_\_\_\_\_

**Rank in the Batch:** \_\_\_\_\_

**If no numerical ranking is available, please check below the best estimate of the rank:**

- Top Ten Percent
- Top Twenty Percent
- Top Thirty Percent
- Top Forty Percent

SUBJECTS	FINAL GRADES				AVERAGE
	Grade 7	Grade 8	Grade 9	Grade 10 (1st Qtr)	
	SY _____ - _____	SY _____ - _____	SY _____ - _____	SY _____ - _____	
FILIPINO					
ENGLISH					
MATHEMATICS					
SCIENCE					
SOCIAL STUDIES					
CONDUCT/DEPORTMENT					
	<b>GENERAL AVERAGE</b>				

Note: For letter grade/s please indicate the numeral equivalent.  
 For Grade 12 applicant, pls. attach a photocopy of Grade 11 Report Card.

PREPARED BY: \_\_\_\_\_  
Signature Over Printed Name Designation Date

Name of Principal/Registrar: \_\_\_\_\_  
Signature Over Printed Name Date