

PAREF-SOUTHRIDGE SCHOOL

Hillsborough Alabang, West Service Road
Muntinlupa City

Phone: (632) 807-3644, 807-8080 loc. 110 Fax: (632) 842-1542



ECONOMIC SURVEY FORM FOR SCHOLARS

TO THE PARENTS OF THE APPLICANT:

Please complete all the required information. Your honest response will facilitate an appropriate evaluation of your son's application to Paref Southridge Afternoon School. The information you submit will be considered confidential.

Name of Applicant: _____

Birthdate: _____

Name of School: _____

Type: () Public () Private

Name of Father	Occupation	Title/Designation	Gross Monthly Salary	Average Monthly Net Pay

Name of Mother	Occupation	Title/Designation	Gross Monthly Salary	Average Monthly Net Pay

Other sources of income (e.g. family business, other occupation, etc.): *Please describe the nature of this source. For a business, please indicate the average monthly profit.*

- (a) _____
- (b) _____

Name of children <i>(other than the applicant)</i>	Age	Name of School <i>(if already schooling)</i>	Grade / year Level

Do you have any son/daughter who is financially assisting the family? () Yes () No
If yes, please describe the son's/daughter's job and how he/she is assisting the family:

Do you have any relative who is financially assisting the family? () Yes () No
If yes, please describe the relative's job and how he/she is assisting the family:

Name(s) of Non-immediate family members staying with the applicant's family:

- (a) _____
- (b) _____
- (c) _____

Do you have helpers and/or drivers? Yes - If yes, how many? _____ No

Properties and Expenses:

Residence: Owned Is the house in mortgaged? _____
Monthly amortization: _____
 Rented Monthly Rent: _____

Do you own a vehicle? Yes No
If yes, please indicate the type and number. (Check all that applies)
 Car _____ Motorcycle _____ Others (pls specify): _____

Do you own a credit card? Yes No
If yes, please specify the credit limit of each of the credit card/s you own:
(a) _____
(b) _____
(c) _____

Monthly Expenses: *(Please state the average.)*

Electricity	_____
Water	_____
Telephone	_____
Cellphone	_____
Education of children	_____
Food and groceries	_____
Allowances of family members	_____
Credit card	_____
Others: <i>(pls specify)</i>	_____

TOTAL	_____

We, the parents of _____, hereby certify that all the above information are true and correct. We understand that any misinformation herein will disqualify our son from entering PAREF Southridge Afternoon School.

Name and Signature of Father

Name and Signature of Mother

Date

Date