



## UPDATING FORM

Name of School \_\_\_\_\_ Costumer Number \_\_\_\_\_

School Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

### CONTACT DETAILS

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mobile # \_\_\_\_\_ Email \_\_\_\_\_

### SCHOOL CATEGORY

Church School

Non-Church School

### COURSE/S OFFERED

Preschool

ABCs

Elementary

Junior High School

Senior High School

### Do you have a DepEd Permit/Recognition?

Preschool  Permit  Recognition  Pending Application  None

Elementary  Permit  Recognition  Pending Application  None

Junior High  Permit  Recognition  Pending Application  None

Senior High  Permit  Recognition  Pending Application  None

### SCHOOL STAFF

Pastor's Name \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Principal's Name \_\_\_\_\_

Total Number of the Supervisors \_\_\_\_\_

Total Number of the Monitors \_\_\_\_\_

Total Number of Other Staff (NOT MENTIONED ABOVE) \_\_\_\_\_

### NUMBER OF STUDENTS ENROLLED PER YEAR LEVEL

Preschool \_\_\_\_\_ Year Level 4 \_\_\_\_\_ Year Level 9 \_\_\_\_\_

ABCs \_\_\_\_\_ Year Level 5 \_\_\_\_\_ Year Level 10 \_\_\_\_\_

Year Level 1 \_\_\_\_\_ Year Level 6 \_\_\_\_\_ Year Level 11 \_\_\_\_\_

Year Level 2 \_\_\_\_\_ Year Level 7 \_\_\_\_\_ Year Level 12 \_\_\_\_\_

Year Level 3 \_\_\_\_\_ Year Level 8 \_\_\_\_\_

Total number of students using the SOT®P Program \_\_\_\_\_

### What is your average annual tuition?

Preschool \_\_\_\_\_ ABCs \_\_\_\_\_

Elementary \_\_\_\_\_ Junior High School \_\_\_\_\_

Senior High School \_\_\_\_\_

**Types of Diploma and Numbers Awarded**

Types of Diploma	Total Number of Diploma Awarded TO DATE
Honors	
College Preparatory	
General Course of Study	
Vocational Course of Study	

Do you have an Alumni Association?  Yes  No

**Graduate Follow-Up Information** (PLEASE USE EXTRA SHEETS):

Name of Student	Year of Graduation	Diploma Received	Current Course or Employment

What is your Operating System? \_\_\_\_\_ (Ex. Windows XP, MacOS, Linux, etc.)

Do you use any SOT®P software/s?  Yes  No

(If yes, please SPECIFY) \_\_\_\_\_

Would you want your statement of account to be e-mailed?  Yes  No

Do you understand our billing account procedures?  Yes  No

Mode of Shipping (for materials)  Air Cargo  Bus  LBC  JRS  
 Aboitiz  AP Cargo  Pambato  
 Others \_\_\_\_\_

Please suggest 3 areas you think School of Tomorrow®, Philippines needs improvement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR IMMEDIATE RESPONSE WILL HELP US SERVE YOU BETTER.**

**THANK YOU.**

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I, \_\_\_\_\_, \_\_\_\_\_  
(NAME) (POSITION)  
of \_\_\_\_\_, certify that ALL the information  
(NAME OF SCHOOL)  
in this form are TRUE and CORRECT.

\_\_\_\_\_  
(SIGNATURE)