

FATHER

Educational Level	School	Year Graduated	Degree or Highest Yr. Completed
Grade School			
High School			
College			
Post Graduate			

MOTHER

Educational Level	School	Year Graduated	Degree or Highest Yr. Completed
Grade School			
High School			
College			
Post Graduate			

CHILDREN IN THE FAMILY (Please list them, including the APPLICANT, according to their birth order.)

NAME	AGE	GRADE/YEAR	SCHOOL

Please check the condition/s that applies/apply to your son that should be taken into consideration:

Health/physiological concerns:

- asthma visual impairment (specify) _____ surgery (specify) _____
 bronchitis hearing impairment (specify) _____ others: (specify) _____
 speech delay allergy (specify) _____ none

Behavioral concerns:

- lack of or no eye contact fidgety easily distracted
 poor social skills talks a lot others: (specify) _____
 short attention span moves a lot none

Clinically diagnosed conditions (such as ADHD, ADD, learning disability, Asperger's syndrome, etc.): (specify) _____

**** Please submit a copy of clinical diagnostic report together with this application form. ****

In case the applicant is accepted, write special consideration needed, if any (e.g. regular medication, etc.)

Is the child fit to attend in a traditional classroom setting? _____

I hereby certify that the information supplied in this application is complete and accurate. I understand that such information is covered by the school's *Privacy Policy and Terms of Agreement for Students and Applicants for Admission*, which I have read and signed.

Father's Signature Over Printed Name

Mother's Signature Over Printed Name

***** REGISTRAR'S USE ONLY *****

Attached with this form: (pls. check)

- | | |
|--|--|
| <input type="checkbox"/> Copy of NSO Birth Certificate | <input type="checkbox"/> Copy Diagnostic Report (if any) |
| <input type="checkbox"/> Copy of Assessment / Report Card | <input type="checkbox"/> Copy of ACR & Special Study Permit (for foreign applicant) |
| <input type="checkbox"/> Recommendation Form | <input type="checkbox"/> Copy of applicant's Philippine Passport (for dual citizen) |
| <input type="checkbox"/> Certificate of Enrollment | <input type="checkbox"/> Copy of Certificate of Recognition as Filipino Citizen (for dual citizen) |
| <input type="checkbox"/> Signed Data Privacy Policy and Terms of Agreement Form (pg. 5 only) | |

Documents checked and verified by : _____

HOLD due to : _____

Date : _____