APPLICATION FOR ADMISSION TO GRADE 1
For School Year 2015-2016

NOTE TO THE PARENTS: Please accomplish this Application Form. Submit with the ff:
(1) BIRTH CERTIFICATE (Bring original and submit photocopy)
(2) RECOMMENDATION FORM filled-out by your son's current teacher in a sealed envelope.
(3) CERTIFICATE OF ENROLLMENT filled-out by your son's current school in a sealed envelope
(4) ASSESSMENT REPORT/CARD from the previous school. (SY 2013-2014)
   (Bring original and submit photocopy)
(5) Copy of CLINICAL DIAGNOSTIC REPORT (if any)
(6) Extra 1 pc. recent colored 1" x 1" I.D. picture with complete name tag for the testing permit.

Applicants with incomplete requirements will not be scheduled for testing. This form does not serve as your reservation.

PLEASE PRINT LEGIBLY

NAME of Student Applicant _______________________________________________________________
   (Name in Birth Certificate)

Last First Middle (Full)

Complete Home/Mailing Address __________________________________________________________________________
   Unit # / House/Building/Street # / Street Name / Village Area Zip Code
   Barangay/District Name / City/Municipality or Town/Province

Res. Tel. No. __________________________ Citizenship __________________ Religion ________________

Date of Birth _________________________ Place of Birth ____________________
   (MM/DD/YY)

Father’s Name __________________________ Living __ Deceased __ Mobile Phone No. ______________________

Occupation __________________________  Company Name __________________________ Office Tel. No. ______________________

E-mail address ____________________________________________

Mother’s Name __________________________ Living __ Deceased __ Mobile Phone No. ______________________

Occupation __________________________  Company Name __________________________ Office Tel. No. ______________________

E-mail address ____________________________________________

Guardian’s Name ________________________ Relationship ________ Mobile Phone No. ______________________

Occupation __________________________  Company Name __________________________ Office Tel. No. ______________________

E-mail address ____________________________________________

Schools/Tutorial Centers/Review Classes Attended
(Please start with the most recent. Please indicate levels, i.e. Nursery, Kinder 1, Prep, etc.)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>School Address</th>
<th>School Year</th>
<th>Level</th>
</tr>
</thead>
<tbody>
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</table>

(Please check one only. Changes will not be accommodated.)

Language to be used in the test: ☐ ENGLISH ☐ FILIPINO
Please check the condition/s that applies/applies to your son that should be taken into consideration:

**Health/physiological concerns:**
- [ ] asthma
- [ ] visual impairment (specify) __________
- [ ] bronchitis
- [ ] hearing impairment (specify) __________
- [ ] speech delay
- [ ] allergy (specify) __________
- [ ] Surgery (specify) __________
- [ ] others: (specify) __________

**Behavioral concerns:**
- [ ] lack of or no eye contact
- [ ] poorly social skills
- [ ] short attention span
- [ ] fidgety
- [ ] easily distracted
- [ ] talks a lot
- [ ] moves a lot
- [ ] others: (specify) __________
- [ ] 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 all information supplied in this application is complete and accurate. I understand that declaration of incomplete or inaccurate information may be a ground for non-acceptance to Ateneo.

____________________________________________________________________________________

Father’s Signature Over Printed Name  Mother’s Signature Over Printed Name

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**EDUCATIONAL BACKGROUND**

**FATHER**

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>School</th>
<th>Year Graduated</th>
<th>Degree or Highest Yr. Completed</th>
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<tbody>
<tr>
<td>Grade School</td>
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<tr>
<td>High School</td>
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<td>College</td>
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<tr>
<td>Post Graduate</td>
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</table>

**MOTHER**

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>School</th>
<th>Year Graduated</th>
<th>Degree or Highest Yr. Completed</th>
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</thead>
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**CHILDREN IN THE FAMILY** (Please list them, including the APPLICANT, according to their birth order.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>GRADE/YEAR</th>
<th>SCHOOL</th>
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Attached with this form: (pls. check)
- [ ] Copy of NSO Birth Certificate
- [ ] ACR for foreign students
- [ ] Applicants Report Card
- [ ] Copy Diagnostic Report (if any)
- [ ] Recommendation and Certification Forms

Documents checked and verified by: ________________________________

Ok for PAYMENT (for downloadable forms)

HOLD due to: ________________________________

(Testing fee is non-refundable.)

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***REGISTRAR’S USE ONLY***