



To be filled up by the admin:
Level: _____
Payment Scheme: [A] [B] [C] [D]
 [] Preschool
 [] Grade school

Student Information Sheet

Name: _____ Nickname: _____
 Surname First Name Middle Name
Level Applying For: _____ Age as of June 20____: ____years old & ____ months
Address: _____
Residential Phone Number/s: _____
Date of Birth: _____ Place of Birth: _____
Order of Birth: _____ Religion: _____
Siblings: _____

	Name	Age	School
1.			
2.			
3.			
4.			
5.			

Child is living with: [] Both parents
 [] Father only
 [] Mother only
 [] Relatives/ Guardian only
 • Please specify who: _____
 • Relation to child: _____

If Any:
Previous school attended: _____
Primary language spoken at home: _____

Father's Name: _____ Nickname: _____
Occupation/ Company Name: _____
Office Address: _____
Office Number: _____ Office Hours: _____
Cell Phone Number: _____ Email address: _____

Mother's Name: _____ Nickname: _____
Occupation/ Company Name: _____
Office Address: _____
Office Number: _____ Office Hours: _____
Cell Phone Number: _____ Email address: _____

Guardian's Name: _____ Nickname: _____
Occupation/ Company Name: _____
Office Address: _____
Office Number: _____ Office Hours: _____
Cell Phone Number: _____ Email address: _____

Developmental/ Medical Form

Please indicate if your child has any allergies:

Food: _____

Medicine: _____

Others: _____

Please check if your child has past history of the following diseases:

_____ Asthma	_____ Chicken Pox	_____ Measles
_____ Chronic Ear Infections	_____ Febrile Convulsions	_____ Hepa A
_____ Whooping Cough	_____ Meningitis	_____ Hepa B
_____ Primary Complex	_____ Urinary Tract Infections	_____ Mumps

Others: Please Specify: _____

Date and Cause of Latest Hospitalization: _____

Name of Child's Pediatrician: _____

Clinic Address: _____

Clinic Schedule: _____

Contact Number/s: _____

In case of an emergency, please identify three (3) people (aside from the parents):

1. Name: _____ Relation to child: _____
Cell Phone #: _____ Home Phone #: _____
Address: _____

2. Name: _____ Relation to child: _____
Cell Phone #: _____ Home Phone #: _____
Address: _____

3. Name: _____ Relation to child: _____
Cell Phone #: _____ Home Phone #: _____
Address: _____

Please answer the following questions with yes or no:

1. Has your child been assessed by a Developmental Pediatrician? _____

If Yes, when is the date of assessment? _____

What was the result of the assessment? _____

2. Has your child undergone any speech or occupational therapy? _____

If yes, for how long? _____

3. Do you notice your child having difficulty retaining attention on one activity?

If Yes, what kind of activity? () Reading activity () Writing activity () Math activity
() Self-Help

4. Do you notice your child having difficulty accomplishing any task? _____

If Yes, what kind of task? () Writing/Drawing () Running/Jumping
() Reading () Answering Math activities

5. Do you notice your child having difficulty in expressing thoughts and feelings?

6. Is there anything else significant that you notice about your child that the school should be made aware of? : _____

Please fill-in as may be applicable:

Name of Child's Developmental Pediatrician: _____

Clinic Address: _____

Clinic Schedule: _____

Contact Number/s: _____

Name of

Developmental Pediatrician: _____ Contact #: _____

Speech Therapist: _____ Contact #: _____

Therapy Center: _____ Contact #: _____

Occupational Therapist: _____ Contact #: _____

Therapy Center: _____ Contact #: _____

Therapy Schedule:

Day	Time	Place

I hereby declare that all data and information I supplied in this form are true and correct. I further declare that I have not withheld vital or critical information that may affect my child's enrolment with the school. I shall submit to the school's actions or disposition in event that it is established important information has not been disclosed in this form.

Signature over Printed Name

Signature over Printed Name

Date

Pre-enrollment Requirements:

- 6 pcs. of 1 x 1 ID pictures (taken within last 3 months)
- Photocopy of Birth Certificate
- Photocopy of Immunization Records
- Doctor's Certificate (hearing, sight check-up and/or list of previous illnesses)
- Letter of Recommendation from previous school (Preschool only)
- Form 138/137 (Grade school only) or Developmental Checklist (Pre School)

SPED Requirements:

- Developmental Pediatrician's Report
- Speech and Occupational Therapist's Report