APPLICATION FOR ADMISSION TO GRADE 1
School Year 2016-2017

NOTE TO THE PARENTS: Please accomplish this Application Form.
To be submitted to the AGS Registrars’ Office, Window #1 with the following:

(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 head in a sealed envelope.
(4) ASSESSMENT REPORT/CARD of the previous school SY 2014-2015 (bring original and submit photocopy)
(5) Copy of CLINICAL DIAGNOSTIC REPORT (if any)
(6) Extra 1 pc. recent 1” x 1” colored I.D. picture with complete name tag for the testing permit.
(7) PhP 1,000.00 Application and Testing fee

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/ __________________________ Living ___ Deceased ___ Mobile Phone No. __________________________

Father’s Name ________________________________________________________________
Occupation ________________________________________________________________
Company Address ________________________________________________________________
Office Tel. No. __________________________

E-mail address __________________________

Mother’s Name ________________________________________________________________
Occupation ________________________________________________________________
Company Address ________________________________________________________________
Office Tel. No. __________________________

E-mail address __________________________

Guardian’s Name ________________________________________________________________
Relationship ________ Mobile Phone No. __________________________
Occupation ________________________________________________________________
Company Address ________________________________________________________________
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.)

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<th>Name of School</th>
<th>School Address</th>
<th>School Year</th>
<th>Level</th>
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Please check the condition/s that applies/apply 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) ____________
- [ ] 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 all information supplied in this application is complete and accurate.

__________________________
Father’s Signature Over Printed Name

__________________________
Mother’s Signature Over Printed Name

*** REGISTRAR’S USE ONLY ***

RMI # ____________
Processed by: __________________________
(P1,000.00 Testing fee is non-refundable.)

Attached with this form: (pls. check)
- [ ] Copy of NSO Birth Certificate
- [ ] Certificate of Enrollment
- [ ] Copy of Assessment/Report Card
- [ ] Copy Diagnostic Report (if any)
- [ ] Recommendation Forms

Documents checked and verified by: __________________________

HOLD due to: __________________________