



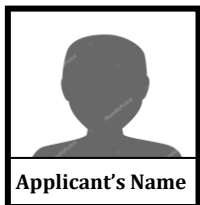
**ATENEO DE MANILA UNIVERSITY**  
GRADE SCHOOL

Katipunan Avenue  
Loyola Heights, Quezon City, Philippines

**For Registrar's Use Only**

**CAT: A B C D**

**TESTING DATE** \_\_\_\_\_ 2018



Paste 1x1 I.D. picture

**APPLICATION FOR ADMISSION TO GRADE 1**  
**School Year 2019-2020**

**NOTE TO THE PARENTS:** Please accomplish this Application Form and submit to the Registrar's Office together with the following:

- (1) Birth Certificate from PSA\* (*formerly NSO*) (Bring the original and submit the photocopy)
- (2) Recommendation Form filled-out by your son's current teacher (Put in a sealed envelope)
- (3) Certificate of Enrollment filled-out by your son's current school head (Put in a sealed envelope)
- (4) Assessment/ Report Card SY 2017-2018 (Bring the original and submit the photocopy)
- (5) Copy of Clinical Diagnostic Report (if any)
- (6) Two pcs. recent colored 1" x 1" I.D. picture with complete name tag for the testing permit
- (7) Alien Certificate of Registration (ACR) and Special Study Permit (for foreign applicants)
- (8) Photocopy of applicant's Philippine passport or Certificate of Recognition as Filipino Citizen (for Dual citizenship applicants)
- (9) Signed Data Privacy Policy and Terms of Agreement Form
- (10) Application and Testing Fee - Php1,000.00 (non-refundable)

**Applicants with incomplete requirements will not be scheduled for testing.**  
**This form does not serve as your reservation for testing. An exam permit will be issued for this purpose.**

**PLEASE PRINT LEGIBLY and FILL – OUT COMPLETELY**

**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 \_\_\_\_\_  
Company Address \_\_\_\_\_ Office Tel. No. \_\_\_\_\_  
*E-mail address* \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ *Living* \_\_\_ *Deceased* \_\_\_ Mobile Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_ Office Tel. No. \_\_\_\_\_  
*E-mail address* \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ *Relationship* \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_  
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.)

Name of School	School Address	School Year	Level

**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.)**

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**Is the child fit to attend 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"/> Birth Certificate from PSA* (formerly NSO)             | <input type="checkbox"/> Copy of Diagnostic Report (if any)                          |
| <input type="checkbox"/> Copy of Assessment /Report Card                        | <input type="checkbox"/> Copy of ACR & Special Study Permit (for foreign applicants) |
| <input type="checkbox"/> Recommendation Form                                    | <input type="checkbox"/> Copy of applicant’s Philippine Passport (for dual citizens) |
| <input type="checkbox"/> Certificate of Enrollment                              | <input type="checkbox"/> Copy of Certificate of Recognition                          |
| <input type="checkbox"/> Signed Data Privacy Policy and Terms of Agreement Form | <input type="checkbox"/> as Filipino Citizen (for dual citizens)                     |

Documents checked and verified by : \_\_\_\_\_

ON HOLD due to : \_\_\_\_\_

Date : \_\_\_\_\_