

APPLICATION FORM

DATE OF APPLICATION

____/____/____
MONTH / DAY / YEAR

Photo
2 x 2
Colored
White Background

STUDENT INFORMATION

Name				
LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME	
Date Of Birth	Gender	Place Of Birth (City, Country)	Citizenship (If Dual, Provide Copies of Both Passports)	
<input type="text"/> / <input type="text"/> / <input type="text"/> <small>MONTH DAY YEAR</small>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
Residential Address in the Philippines			Home Phone Number	
Mailing Address in the Philippines for Billing Statements, Notices, and other School Correspondence <input type="checkbox"/> Same as Residential				

FOR FOREIGN STUDENTS

Status of Visa:	Issued Date:	Expiration Date:
ACR No.:	Study Permit No.:	Validity:

The student will be living in the Philippines with (check all that apply):

Mother Father Legal Guardian (name): _____
 Step-Mother Step-Father Relationship to Student: _____

*Note: Please provide a notarized Affidavit of Guardianship

Is English your child's first language? Yes No
 Please estimate your child's English level

SKILL	VERY GOOD	GOOD	AVERAGE	LIMITED
READING				
WRITING				
SPEAKING				
LISTENING				

Is Filipino your child's first language?

Yes

No

Please estimate your child's English level

SKILL	VERY GOOD	GOOD	AVERAGE	LIMITED	NONE
READING					
WRITING					
SPEAKING					
LISTENING					

If neither, what is the first language used at home? _____

OTHER languages spoken at home: _____

Does your child, to your knowledge, have any learning disabilities?

YES

NO

If yes, please give details and provide the latest assessment report(s)

Has your child ever repeated a grade level or a class?

YES

NO

If yes, please give details

Has your child ever received remedial help in previous schools?
(i.e., Speech Therapy, Remedial Reading, Special Education, etc.)

YES

NO

If yes, please give details and provide documentation

Has your child had any behavior/disciplinary problems at previous schools?

YES

NO

If yes, please give details

Does your child have special needs?

YES

NO

If yes, please give details and provide copies of report

Has your child ever participated in advanced classes? (i.e., Gifted and Talented, Advanced Writing, Mathematics Honors, etc.) If yes, please give details and provide documentation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child have special talents or interests? (i.e., Vocal, Drama, Art, Dance, Athletics, Musical Instrument, etc.) If yes, please give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is there any other information that you think the teacher should know about your child? If yes, please give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

KINDLY LIST ALL SCHOOLS THAT YOUR CHILD HAS ATTENDED

Name of School, Country	Academic Year month/yr to month/yr	Grade Level	Language of Instruction
	To		
	To		
	To		
	To		
	To		
	To		
	To		

PARENT/LEGAL GUARDIAN INFORMATION

Father Legal Guardian
 Step-Father

Last Name		First Name		Middle Name	
Citizenship (Passport)			Philippine Visa Status		
Employer or Organization					
Employer's Address					
Type of Business/Industry			Position		
Office Phone Number(s)			Cell Phone Number		Whatsapp Phone Number
Email Address					

Mother Legal Guardian
 Step-Mother

Last Name		First Name		Middle Name	
Citizenship (Passport)			Philippine Visa Status		
Employer or Organization					
Employer's Address					
Type of Business/Industry			Position		
Office Phone Number(s)			Cell Phone Number		Whatsapp Phone Number
Email Address					

EMERGENCY CONTACT INFORMATION

Name	Relationship to Child
Address	
Home Phone(s)	Office Phone(s)
Cell Phone	E-mail

Failure to provide complete and accurate information of any kind on the Application Form will void the application and could result in the student being permanently dropped from the roster of Domuschola International School after being enrolled. DIS reserves the right to determine the placement of the applicant in the grade level or class deemed most appropriate for the student.

We attest that the information submitted on this form is true and correct.

Signature of Father/Guardian
(print name over signature)

Signature of Mother/Guardian
(print name over signature)

Date