

Alpha Angelicum Academy
Golden Meadow Subdivision, San Antonio, Biñan, Laguna
Tel. Nos. (049) 411-3686 / (049) 511-3450 www.alpha-angelicum-academy.com

Application Form School Year 20___-20___

Please PRINT or TYPE all information in block letters.

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FAMILY INFORMATION Name Educational Attainment Nature of Business Name of Company Company Address Position Office number/s Mobile number E-mail address	Father	Mother									
Siblings Name	Gr./Yr. Level/ Occupation	School/employer									
In case of emergency, if unable to contact parent, who to contact? Name: Relationship: Address: Telephone / Mobile Phone Numbers:											
OTHER INFORMATION How did you learn about the Referral Streamers Print Ads Website Others											

Please accomplish the checklist on the next page, in the best way you can. This is meant to help the staff of Alpha Angelicum Academy in understanding your child and in facilitating his / her application for admission. Further, this will serve as a reference for the school to better accommodate your child in the future should he / she pass the admission requirements. Thank you for your cooperation.

Check (/) the items applicable to your child. 1. My child ____ has never been under academic probation. had been under academic probation when he/she was in _____ (Please indicate the grade or year level on the blank.) 2. My child ___ has no history of behavioral problems in school. ____ had behavioral problems when he/she was in _____ (Please indicate the grade or year level on the blank.) 3. My child excels in ____ Science ____ English ___ Filipino ___ Social Studies ___ Mathematics 4. My child has difficulty in ____ English ____ Filipino ___ Science ___ Mathematics ____ Computer ____ Others: _____ ___ Social Studies 5. I can rate my child's study habits as **Medical Concerns** ____ Excellent Please write down specific medical and health ____ Very Satisfactory concerns of your child: ___ Satisfactory ____ Poor ____ Very Poor 6. I can rate my child's behavior as ___ Excellent ____ Very Satisfactory ___ Satisfactory ____ Poor ____ Very Poor Other interests: 7. I can rate my child's health as ____ Excellent ____ Very Satisfactory ___ Satisfactory ____ Poor ___ Very Poor I certify that this application has been accomplished in good faith. _____ Signature: ____ Relation to the Applicant: ____

Date: