



FAMILY INFORMATION

	<i>Father</i>	<i>Mother</i>
Name	_____	_____
Educational Attainment	_____	_____
Nature of Business	_____	_____
Name of Company	_____	_____
Company Address	_____	_____
Position	_____	_____
Office number/s	_____	_____
Mobile number	_____	_____
E-mail address	_____	_____

*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 school?

- 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

English

Science

Filipino

Mathematics

Social Studies

Computer

Others: \_\_\_\_\_

4. My child has difficulty in

English

Science

Filipino

Mathematics

Social Studies

Computer

Others: \_\_\_\_\_

5. I can rate my child's study habits as

Excellent

Very Satisfactory

Satisfactory

Poor

Very Poor

6. I can rate my child's behavior as

Excellent

Very Satisfactory

Satisfactory

Poor

Very Poor

7. I can rate my child's health as

Excellent

Very Satisfactory

Satisfactory

Poor

Very Poor

**Medical Concerns**

Please write down specific medical and health concerns of your child:

Other interests:

**I certify that this application has been accomplished in good faith.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relation to the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_