



**APPLICATION FORM**

DATE: \_\_\_\_\_  
Received by: \_\_\_\_\_

APPLICATION FOR \_\_\_\_\_ GRADE/YEAR LEVEL  
LRN No. \_\_\_\_\_

**Note to parents/guardians:** Please answer **all** items in this form that apply to your child and to you. Indicate **NA** if an item does not apply to you. For all applicants: photocopy of birth certificate and child's photo must be attached. For elementary and high school applicants: attach a copy of the latest report card (Form 138), Student Info Form. For children with special needs: submit the most recent developmental pediatrician/heuro-psychological assessment reports, therapists progress reports, school's progress report. Forms with incomplete information & required documentation will not be processed.

**A. APPLICANT'S PERSONAL INFORMATION**

CHILD'S FULL NAME: \_\_\_\_\_ NAME CALLED: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ as of (date): \_\_\_\_\_  
BIRTHPLACE: \_\_\_\_\_ NATIONALITY \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

**PARENTS**

**FATHER**

**MOTHER**

NAME: _____	_____	_____
BIRTHDATE: _____	_____	_____
ADDRESS: _____	_____	_____
TEL. NO.: _____	_____	_____
NATIONALITY: _____	_____	_____
RELIGION: _____	_____	_____
OCCUPATION: _____	_____	_____
WORK ADDRESS: _____	_____	_____
(Company Address) _____	_____	_____
TEL. / FAX NO.: _____	_____	_____
E-MAIL ADD.: _____	_____	_____
MOBILE NO.: _____	_____	_____

How many children are there in the family? \_\_\_\_\_  
How old are they? \_\_\_\_\_  
Other members of the family/household who are involved in caring for the child \_\_\_\_\_

**B. SCHOOL HISTORY :**

School Attended	Grade/Year Level	School Year	Reason for Transfer

1. Does your child have any special needs, developmental problems or learning difficulties?

2. If yes, has your child been through formal psychological and neurological assessment? When? By whom?

Please include all forms of assessments and evaluation from the first to the most recent: (use the back of this form if needed)

Diagnosis	Date of Evaluation	Administered by

(If you responded "Yes" to B.1 please provide the following information)

Educational Placement for Children with Special Needs:

School Attended	Program Placement (self-contained, resource room, partial mainstreaming, full mainstreaming 1-1 program )	Number of Children in previous class	School Year	Reason for Transfer

Has your child availed of any special education service (occupational therapy, physical therapy, speech therapy, play therapy, etc)?

Special Education Services	Year Attended	Frequency/Duration	Therapy Centers	Therapists/Teacher

Has your child worked with a tutor? For what subjects? Who provided the tutorial services?

Subject/s	School Year	School/Center	Name of Tutor (optional)

Has your child enrolled in any of the following programs/classes? Indicate age at which your child did:

- |   |   |
|---|---|
| <input type="checkbox"/> Art                    | <input type="checkbox"/> Cooking/baking |
| <input type="checkbox"/> Dance (specify) _____  | <input type="checkbox"/> Voice          |
| <input type="checkbox"/> Sports (specify) _____ | <input type="checkbox"/> Painting       |
| <input type="checkbox"/> Musical instruments    | <input type="checkbox"/> Theatre        |

At what age did your child begin to talk? \_\_\_\_\_  
 How would you describe your child at this stage? \_\_\_\_\_

What are your goals for your child at this stage? \_\_\_\_\_

What are your thoughts on the role of a parent in a child's education and school life? \_\_\_\_\_

Are you familiar with the philosophy, educational approaches and programs of Community of Learners? \_\_\_\_\_  
 How did you find out about Community of Learners? \_\_\_\_\_

Which other programs and services are you interested in for your child?

- Extended day programs (*child care services for children enrolled in preschool and half-day elementary programs*)
- Bus Service
- Car Pool
- After school programs (dance, music, sports, tutorial services after class hours)

**QUESTIONS/COMMENTS:** (Use this and the another sheet if you need additional space for any of the above)

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*Parents of all applicants are required to attend an orientation and school visit as a requirement for application. Applications will be processed and assessment of the child by COLF will be scheduled only when this visit and all requirements below are already submitted:*

**Requirements for all applicants, to be submitted with the application form:**

- A photocopy of the child's birth certificate - One recent photo of the child

**Additional requirements for elementary to high school to be submitted with the application form:**

- Copy of report card/progress from current and other schools attended
- Student Information Form (to be accomplished by the School Principal)
- A medical certificate from child's attending physician

**Additional requirements for children with special needs**

- Copies of school or progress reports from current or other schools attended
- A recent (not older than six months) full evaluation report by a qualified developmental pediatrician and/or neuro-developmental psychologist, clinical psychologist
- Updated progress reports from therapists or tutors (e.g. language, physical, psychological)