



**SIGNIFICANT EXPERIENCES**

Favorite Subject in Elementary \_\_\_\_\_ Least Like \_\_\_\_\_  
 Favorite Subject in High School \_\_\_\_\_ Least Like \_\_\_\_\_  
 Please check if you have these in your home: ( ) any kinds of books ( ) newspaper ( ) magazines  
 Is your home adequate in facilities? \_\_\_\_\_ if not, why? \_\_\_\_\_  
 Do you have a tutor? \_\_\_\_\_

**SOCIAL-AVOCATION:** Favorite subjects and activities. NUMBER them in order of priorities.

SUBJECT				
( ) Religion	( ) Reading	( ) Mathematics	( ) Social Studies	( ) Arts
( ) Writing	( ) Science	( ) Practical Arts	( ) Speech	( ) Sports/PE
( ) Computer	( ) Music	( ) Others _____		
ACTIVITIES				
( ) Writing	( ) Speaking	( ) Thinking	( ) Dancing	( ) Reading ( ) Cooking
( ) Movies	( ) Seeing Games	( ) Singing	( ) Driving	( ) Acting/Doing
( ) TV/VCD/DVD viewing	( ) Others _____			

Special Talents: \_\_\_\_\_ Hobbies/Interests: \_\_\_\_\_  
 Choice of School: High School \_\_\_\_\_ College \_\_\_\_\_  
 Whose Choice? \_\_\_\_\_ Whose Choice? \_\_\_\_\_  
 Reason: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Course Choice: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
 Reason \_\_\_\_\_ Reason \_\_\_\_\_

**MEDICAL HISTORY** (To be accomplished by parents/guardian)

How do you rate your child's VISION ( ) Excellent ( ) Very Good ( ) Good ( ) Poor  
 HEARING ( ) Excellent ( ) Very Good ( ) Good ( ) Poor

Please check if your child has had any of the following:  
 ( ) Frequent colds & sore throat ( ) Poor sleeping habits ( ) Headaches  
 ( ) Poor eating habits ( ) Allergies ( ) Asthma

Please check if your child has been ill of the following:  
 ( ) Flu ( ) Kidney disease ( ) Chicken Pox ( ) Diabetes ( ) Heart Disease  
 ( ) Hepatitis ( ) Nose Bleeding ( ) Pneumonia ( ) Mumps ( ) Polio  
 ( ) Measles ( ) Primary Complex ( ) Whooping Cough ( ) Small Pox ( ) Others \_\_\_\_\_

Operations: \_\_\_\_\_ Family Doctor: \_\_\_\_\_  
 Immunizations: ( ) Complete ( ) Incomplete

Were you ever placed under Academic Contract? \_\_\_\_\_ Behavioral Contract? \_\_\_\_\_

**CHARACTER EVALUATION:** (To be accomplished by parents/guardian)

Which of your child's positive qualities would you like him/her to develop? \_\_\_\_\_  
 \_\_\_\_\_  
 Which of his/her traits would you like him/her to improve/change? \_\_\_\_\_  
 \_\_\_\_\_

All the above information is certified true and correct.

\_\_\_\_\_  
 Parent's Signature Applicant's Signature Date Signed