



APPLICATION FORM

NAME _____
Family First Middle

Attach
1x1 Picture
Here

PERSONAL

Permanent Address _____ Tel. No. _____
 Birthday _____ Birthplace _____ Age _____ Sex _____
 Religion _____ Parish Church _____ Nationality _____
 Date of Baptism _____ Place of Baptism _____
 Date of Communion _____ Place of Communion _____
 In case of Emergency, please NOTIFY _____ Tel. No. _____
 Address _____

FAMILY

	Father	Mother	Guardian
Name (complete)			
Contact Nos. (Fax, Mobile, E-mail add)			
Birthday & Age			
Birthplace			
Religion			
Highest Educational Attainment			
Occupation			
Where Employed			
Alumni of Canossa School (yes or no)			

Parent's Marital Status: () Married in church () Married Civilly () Living Together () Separated
 () Remarried () Single Parent () Widowed

Living with whom? () Parents () Brothers/Sisters () Grandparents () Others _____

Names of Brothers & Sisters	Age/Date of Birth	Religion	Education

Home Data (please check)

Socio-Economic Status	Parents' Total Annual Income	Area where you grew up
() Very High	() Less than 50,000	() Commercial () City
() High	() 50,001 – 80,000	() Residential () Town
() Average	() 80,001 – 100,000	() Barrio
() Low	() 100,001 – 120,000	() Others _____
() Very Low	() 120,001 – 140,000	
Types of Ownership:	() Owned () Rented	() Others _____
	() More than 140,001	

EDUCATION

Level	School Attended	School Year	Clubs/Positions (in & out of school)	Honors/Awards Received
Pre-School				
Primary				
Intermediate				
High School				

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: 1st Choice _____ 2nd 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