

# APPLICATION FORM

**APPLICANT** (Please use block letters to complete this form.)

Applying for

- Pre-elementary  
 Elementary  
 Secondary

Name \_\_\_\_\_  
First Middle Last

*(Please print name exactly as it should appear on permanent records.)*

Nickname \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Current Grade \_\_\_\_\_ Applying for academic year \_\_\_\_\_

Present School \_\_\_\_\_ Years of Attendance \_\_\_\_\_

School Address \_\_\_\_\_  
Street City Zip/Postal Code

School Telephone: \_\_\_\_\_ This school is: \_\_\_ Public \_\_\_ Parochial \_\_\_ Independent \_\_\_ Home School

Has Applicant ever repeated grade? \_\_\_ Yes \_\_\_ No

Other schools attended \_\_\_\_\_

## FOR FOREIGN APPLICANTS ONLY:

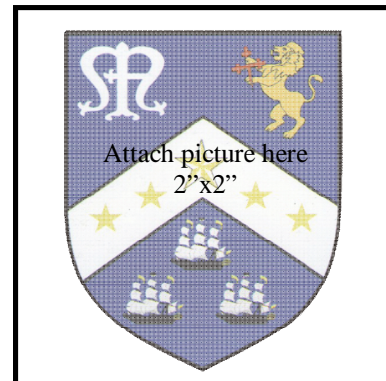
ACR Permit No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

Place of Issue \_\_\_\_\_

Date of Expiry \_\_\_\_\_



## PARENT INFORMATION

### Father (or legal guardian)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Profession/Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

### Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Profession/Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Postal Code \_\_\_\_\_

# EMERGENCY INFORMATION

In case of emergency, please call: Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Relationship to student \_\_\_\_\_

## OTHER INFORMATION

How did you hear about Our Lady of Victories School? Please provide names where possible.

Alumnus \_\_\_\_\_ Priest \_\_\_\_\_ Teacher \_\_\_\_\_

Current Student \_\_\_\_\_ Admissions Office \_\_\_\_\_ Catalogue of Private Schools \_\_\_\_\_

Faculty Member \_\_\_\_\_ Other \_\_\_\_\_

Please list your parish information:

Church \_\_\_\_\_ Parish Priest \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip/Postal Code

Is there any medical condition or other reason that the Applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities? \_\_\_ Yes \_\_\_ No If yes, please explain.\*

Are there any special factors, conditions, leaning difficulties, including any special medication of allergies, affecting your child about which the school needs to be informed? \_\_\_ Yes \_\_\_ No If yes, please explain.\*

*Use another sheet of paper if longer explanation is needed.*

Please list other school to which you are applying.

**Please answer these questions completely on a separate sheet of paper.**

How does your son spend his recreational time? What type of music does he enjoy? How often does he participate in group sports or club activities such as Scouts? How often does he watch television or play video games? What books has he read in the past few months?

In order to better serve your son, we needed to know if there have been any experiences that will affect his career at Our Lady of Victories Catholic School. This includes such things as suspensions, expulsions, psychiatric care, substance abuse, or any other behavioral problems at home or at school. Please note on a separate sheet any situations that could influence your son's experience at Our Lady of Victories Catholic School. Failure to notify us could result in your child separation from the Academy.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

Please include:

\_\_\_ Non-refundable 500 pesos application fee

\_\_\_ Recent photograph of the applicant

Return to:

Admissions Office

Our Lady of Victories Catholic School

2 Cannon Road, New Manila

Quezon City 1112