

##### Paste Recent 2x2 ID Picture

**APPLICATION FORM**

*Reminder: Please write in print all information asked for. It is important that this form be filled out accurately and
 completely. Put N/A if not applicable.*

**School Year \_\_\_\_\_\_\_\_ Grade Level** **\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| ***( Last Name)*** | ***( First Name)*** | ***(Middle Name)*** |
| 2. |  | [ ]Male [ ]Female |
| ***(Birthday) MM/DD/YY*** | ***(Birthplace)*** | ***(Sex)*** |
| 3. |  |  |
| ***(Home Address)Unit#/House/Building)*** | ***( Street, Subd./Village* )** | ***(Brgy.,City/Municipality, Province)*** |
| 4. |  |  |
| ***(Citizenship)*** | ***(Parent’s Contact No./Mobile No.)*** | ***(Res. Tel. No.)*** |
| 5. |
| ***(Name of School last attended and School Year Last Attended*** |
| 6. |
| ***(Address of School last attended)*** |
| 7. |  |  |
| ***LRN*** | ***School I.D. No.*** | ***ESC No. ( for Grade 7 – 10 )*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent’s Information** | **Father** | **Mother** | **Guardian** |
| **Name** |  |  |  |
| **Birthday** |  |  |  |
| **Birthplace** |  |  |  |
| **Educt’l Attainment** |  |  |  |
| **Occupation** |  |  |  |
| **Company Connected** |  |  |  |
| **Office Tel. No.** |  |  |  |
| **Monthly Income** |  |  |  |
| **Cell Phone No** |  |  |  |
| **E-Mail address** |  |  |  |
| **Religion** |  |  |  |
| **Church** |  |  |  |

|  |  |
| --- | --- |
| Student’s Special Skills/Talents:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Student’s Achievements:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Health/Physiological Concern:[ ] asthma [ ] hearing impairment[ ] bronchitis [ ] allergy[ ] speech delay [ ] surgery[ ] visual impairment [ ] others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Specify his/her condition: |
|  |  |
| Behavioral Concern: [ ] lack of or no eye contact [ ] moves a lot [ ] poor social skills [ ] fidgety [ ] short attention span [ ] easily distracted [ ] talks a lot [ ] others \_\_\_\_\_\_\_\_\_\_\_ | Please Specify the one you checked: |

Name of Siblings: (Please list them according to their birth order)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Grade Level** | **School** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **Requirements:** [ ] Original Report Card last school year [ ] Copy of PSA Birth Certificate [ ] Certificate of Good Moral [ ] 2 copies of recent 2x2 colored ID picture [ ] Copy of Diagnostic Report ( if any) [ ] Copy of Child’s Phil. Passport (for dual citizenship) [ ] Copy of Special Study Permit ( for foreign applicant) [ ] Entrance Exam Fee O.R. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Document checked and verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Remarks: [ ] for reservation [ ] for payment [ ] others \_\_\_\_\_\_\_\_\_\_\_\_ |



**ENROLMENT FORM**

**S.Y. 2023-2024**

 **🗆 New Student**   **🗆 Old Student (Report Card Required)**

*Reminder: Please write in print all information asked for. It is important that this form be filled out accurately and
 completely. Put N/A if not applicable.*

**Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Last Name) (First Name) (M.I.)***

**Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(House No.) (Street, Subd. Village) (Brgy. Municipality, Province)***

|  |
| --- |
| 1. Mode of Payment: [ ] Cash [ ] Semi Annual [ ] Monthly
2. Assessment:

 Tuition Fee -------------- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miscellaneous Fee ---- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Development Fee ------ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grad./Moving Up Fee- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Class ------------ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aircon Fee --------------- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PTF ------------------------ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID -------------------------- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholastic English Prime- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. Tuition Fee Discount: Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Invoice No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Accounting Clerk Signature DateA. Payment Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ O.R. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] complete payment for upon enrolment [ ] partial payment for upon enrolment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Finance Officer Signature Date   |
| **PARENT’S CONTRACT** I whole heartedly agree to abide by the school policies and regulations written in the Student’s Handbook, thus giving my full support and cooperation in all activities and projects of the school. During such activities, I agree that the school having taken all precautionary measures will not be held responsible for any untoward incident beyond its control. Moreover, I pledge to give time to attend all Parents Teachers Fellowship, activities and individual parent teacher meeting. I will give my full support on programs that require fees and my presence. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Signature Over Printed Name Relation to Child Date |
| **PERSONAL INFORMATION AGREEMENT** 1. I agree and cooperate that all information gathered will be needed only for school purposes. 2. I agree and cooperate that my children are monitored with CCTV for their protection. 3. I agree and cooperate that pictures and students’ works can be uploaded in AFCS’s website and/or Facebook page. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Signature Over Printed Name Relation to Child Date |

|  |
| --- |
| **\*\*\*REGISTRAR’S USE ONLY\*\*\***1. Level Enlistment: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1. Enrolment Slip: [ ] released

 [ ] hold (incomplete requirements/payments)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registrar’s Signature |

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**ANTIPOLO FAITH CHRISTIAN SCHOOL**

Malachi St., Inday Subdivision, Antipolo City

Telefax No.: 697-3325

Email: afcs1991@yahoo.com.ph

OFFICIAL FETCHER:

**Who will bring your child to school? / pick your child from school?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of the Person/ Official Fetcher)

 **Relation to the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 I.D. Picture

 **I certify that the information given above is true and correct.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Over Printed Name of Parent/Guardian Relation to the child

  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date

Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Secretary