



APPLICATION FOR ADMISSION

For School year _____

Level Applying for _____

Thank you for your interest in Child Jesus of Prague School. To assist us in reviewing your application, please complete all section of the application form.

PERSONAL INFORMATION

| | | | | |
|---|----------------------|----------------------|----------------------|--|
| NAME _____ | | | | |
| LAST NAME | GIVEN NAME | MIDDLE NAME | NICK NAME | |
| ADDRESS _____ | | | | |
| CITY _____ | | PROVINCE _____ | ZIP CODE _____ | |
| HOME PHONE No. _____ | | MOBILE No. _____ | RELIGION _____ | |
| DATE OF BIRTH | AGE BY JUNE | GENDER | NATIONALITY | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> <small>MONTH DAY YEAR</small> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

EDUCATIONAL BACKGROUND

| PREVIOUS LEVEL | SCHOOL ATTENDED | SCHOOL YEAR | AWARDS/HONORS RECOGNITION | EXTRA, CO- CURRICULAR ACTIVITIES |
|----------------|-----------------|-------------|---------------------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |

FAMILY BACKGROUND

| | FATHER | MOTHER |
|---|----------------------|---|
| Name | | |
| Address | | |
| Home Phone | | |
| Mobile Phone | | |
| E-mail Address | | |
| Occupation | | |
| Name of Company | | |
| Guardian, if other than father and mother _____ Relation _____ | | |
| Address _____ Mobile No. _____ | | |
| Name of Brothers/Sisters | Age | Highest Educational Attainment / School |
| | | |
| | | |
| Do you have a brother/s or sister/s studying in CJPS? ____ No ____ Yes (if yes, kindly indicate name grade/year level & section): | | |
| Name: _____ | Grade/Section: _____ | Name: _____ Grade/Section: _____ |
| Name: _____ | Grade/Section: _____ | Name: _____ Grade/Section: _____ |
| PERSON ASIDE FROM PARENTS WHOM THE SCHOOL MAY NOTIFY IN CASE OF EMERGENCY): | | |
| Name: _____ Mobile Phone No. _____ | | |

We hereby certify that all the above-mentioned information on this application are true, complete and are made in good faith. We understand that any falsification of the given information may result to disqualification of the applicant or may be subject to dismissal.

Applicant's signature over printed name _____

Date _____

Parent's signature over printed name _____

Date _____

Submission of Required Documents

For Old Students:

- _____ a) Information Sheet
- _____ b) Report Card
- _____ c) Conformance on Dangerous Drug Policy (for Grade 6 and up)

For New Students:

- _____ a) Student Information Sheet
- _____ b) Health Record
- _____ c) Guidance Student Information Sheet
- _____ d) PPA Form
- _____ e) Conformance Form (On withdrawals & Refunds)
- _____ f) Conformance of Dangerous Drug Policy (Grade 6 up)

Requirement received by:

Registrar's Office

Date