

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:

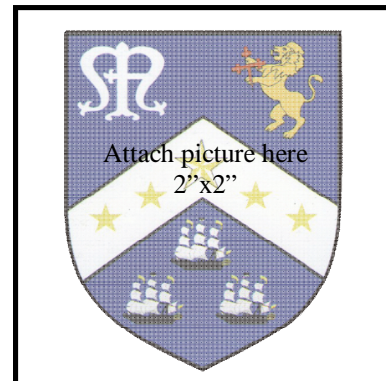
ACR Permit No. _____

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