



# APPLICATION FORM

\*Please inform the school for any subsequent changes

Date of Application: \_\_\_\_\_ For Grade: \_\_\_\_\_ SY 20\_\_ to 20\_\_  
*Day Month Year*

## STUDENT INFORMATION

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_  Adopted Age: \_\_\_\_\_  Male  Female  
*Day Month Year*

Home Address: \_\_\_\_\_  
*House/Unit No Street Barangay*

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
*City Zip/Postal Code*

Nationality: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Religion: \_\_\_\_\_ Baptized:  Yes  No Religion Baptized in: \_\_\_\_\_

\_\_\_\_\_ *Date Church City*

Parish or place of worship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No. 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

## SCHOLASTIC INFORMATION

Present School: \_\_\_\_\_

Address: \_\_\_\_\_

Head of school: \_\_\_\_\_ Phone: \_\_\_\_\_

Last grade level completed: \_\_\_\_\_ Last month/year attended \_\_\_\_\_ / \_\_\_\_\_ School Calendar Months \_\_\_\_\_  
*start/end*

Reason for leaving: \_\_\_\_\_

Name of School/s Attended	Address	Dates Attended (month-year to month-year)	Grade Level

How did you come to know about Everest Academy?  
 Friend/Relative  Newspaper Ad  Parish bulletin  Open House  Mailing  Other: \_\_\_\_\_

**PARENT INFORMATION**

Father's full name: \_\_\_\_\_ Mother's full name: \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Civil status: \_\_\_\_\_ Civil status: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Type of business: \_\_\_\_\_ Type of business: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work address: \_\_\_\_\_ Work address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Educational attainment: \_\_\_\_\_ Educational attainment: \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_  
*Day Month Year*

Person financially responsible for tuition payments: \_\_\_\_\_

Address for billing: \_\_\_\_\_

- Please check the following if applicable:  
 Mother deceased    Father deceased    Parents divorced  
 Parents separated    Mother remarried    Father remarried

If applicant does not live with both parents, please explain family situation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIBLINGS

\_\_\_\_\_  
*Name* *Present School / Grade* *Date of Birth*

\_\_\_\_\_  
*Name* *Present School / Grade* *Date of Birth*

\_\_\_\_\_  
*Name* *Present School / Grade* *Date of Birth*

What types of activities do you enjoy as a family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**PERSONAL HISTORY**

Please describe any illnesses, diseases, or disabilities, which either have affected or may limit your child’s participation in the full range of school activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any behavioural, psychological or educational evaluations?  Yes  No

If yes, when and by whom? \_\_\_\_\_  
(We may request a copy of the report from you.)

What are the most important qualities you are looking for in your child’s education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to tell us about your child that will help us to know him/her better?  
We would be interested in any special talents or gifts he/she may possess, as well as areas in which you would like to see further development.

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What are you child's interests and hobbies?

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Why do you want your child to attend Everest Academy?

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Are there any prior circumstances which may affect your child's success at Everest?

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**REFERENCES**

Please list below the names, schools, and telephone numbers of those who will be completing the recommendation forms.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School: \_\_\_\_\_ Phone number: \_\_\_\_\_

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I/We, the undersigned parent(s) or guardian(s), acknowledge that the information submitted in this application form is true and correct.

**Father or Guardian**

**Mother or Guardian**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**Received by Everest Academy**

*School Representative* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature* \_\_\_\_\_