



APPLICATION FORM (Kinder - Grade 1)

*Please inform the school for any subsequent changes

Dear Parents,

Thank you for your interest in Everest Academy. The Admissions Committee always tries to make decisions in the best interest of each child. Your responses in this form will help us get to know your child, guide us as we evaluate his/her application and, with the hope that admission is offered, ensure a smooth transition into our school.

Date of Application: _____ SY 20____ to 20____
Day Month Year

***Please do not leave any blanks, for items that are not applicable kindly write NA.**

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: _____

SCHOLASTIC INFORMATION

Is your currently child attending any pre-school or Kindergarten program ? Yes No

If yes, name of school: _____ No. of years in program: _____

Website: _____

Address: _____

Head of school: _____ Phone: _____

How did you come to know about Everest Academy?

Open House Website Pre-school Everest family/employee _____

(please specify name)

Other: _____

PERSONAL HISTORY

Please list three words that would best describe your child's personality:

1. _____ 2. _____ 3. _____

Please rate your child's independence level in the following self-help skills:

Toilet training

- Fully independent Needs some assistance (e.g. after bowel movement) Still needs assistance/supervision

Eating habits

- Fully independent Needs some help (e.g. cutting food) Still needs assistance/supervision

Dressing / changing clothes

- Fully independent Needs some help (e.g. fixing belts, buttons) Still needs assistance/supervision

What would you like to tell us about your child that will help us to know him/her better?

We would be interested to know about any special talents, gifts or interests that he/she may possess, as well as areas in which you would like to see further development.

What form of discipline do you use at home and how does your child respond to discipline?

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

Why do you want your child to attend Everest Academy?

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

Has your child had any behavioral / disciplinary difficulties at previous schools? No Yes. If YES, please give details.

Please describe any illnesses, diseases, or disabilities, which either have affected or may limit your child's participation in school activities.

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

If yes, when was your child evaluated? _____

Who referred your child for evaluation? _____

What is your child's behavioural, psychological or educational need based on the evaluation report?
(e.g. ADHD, ASD, Speech Delay etc.)

Was your child recommended to undergo intervention or therapy? No Yes

If yes, what type of therapy did/ does your child undergo?

What is the duration of therapy? (Write inclusive days/ weeks/ months)

Name of specialist/ therapist _____

Hospital/ Clinic name and address _____

Contact number of specialist/ therapist _____

*** Please submit a photocopy of your child's complete evaluation and therapy report.**

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

To whom should admission correspondence be sent? Father Mother Both

Emergency Contact Person if parents cannot be reached _____

Address: _____

Home phone: _____ Work Phone: _____

Mobile phone: _____ Email: _____

Relationship to applicant: _____

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:

OTHER CHILDREN

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? _____

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: _____

I/We, the undersigned parent(s) or guardian(s), acknowledge that the information submitted in this application form is true and correct. I/We understand that failure to provide complete and accurate information of any kind on this form will void the application and could result in the student being permanently dropped from Everest Academy after being enrolled. I/We allow Everest Academy to contact the student's previous school for further information about him / her, as needed. All information submitted is deemed confidential and will be treated as such by Everest Academy.

Father or Guardian

Mother or Guardian

 Printed Name

 Printed Name

Signature

Signature

Date

Date