

PASTE RECENT  
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PHOTO  
HERE



# XAVIER SCHOOL

64 Xavier Street, Greenhills West, San Juan City  
Tel. No.: (02) 7230481; Telefax: (02)721-2145

LEVEL APPLIED \_\_\_\_\_  
APPL. NO.: \_\_\_\_\_  
AGE BY JUNE: \_\_\_\_\_  
DATE FILED: \_\_\_\_\_  
O.R. NO.: \_\_\_\_\_

## APPLICATION FOR ADMISSION TO GRADE SCHOOL

### COMPLETION OF APPLICATION

All sections of the form must be answered. If any section of the form does not apply to you, please write N.A. or NOT APPLICABLE. The use of dash (-) is not acceptable. *Credentials filed in support of this application become the property of Xavier School and are not returnable to the applicant. Misrepresented information requested in this application will be considered sufficient reason for refusal of admission and exclusion.*

### REJECTION OF APPLICATION

XAVIER SCHOOL RESERVES THE RIGHT TO REJECT FORMS THAT ARE INCOMPLETE OR INACCURATELY ACCOMPLISHED.

## IA. APPLICANT'S INFORMATION

LEGAL NAME: \_\_\_\_\_  
(Name on Birth Certificate) SURNAME FIRST MIDDLE CHINESE

ADDRESS: \_\_\_\_\_

TELEPHONE NO.(S): \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

NO. OF BROTHERS: \_\_\_\_\_ NO. OF SISTERS: \_\_\_\_\_ BIRTH ORDER OF APPLICANT:  ELDEST  MIDDLE  YOUNGEST

RELIGION:  ROMAN CATHOLIC  PROTESTANT (Specify) \_\_\_\_\_  OTHERS (Specify) \_\_\_\_\_

PLACE OF BAPTISM: \_\_\_\_\_ DATE OF BAPTISM: \_\_\_\_\_ CHURCH: \_\_\_\_\_

LANGUAGE(S) FLUENT IN:  FILIPINO  ENGLISH  CHINESE  (Mandarin)  OTHERS \_\_\_\_\_  
 (Fookien)

## IB. SCHOLASTIC BACKGROUND

List in order, beginning from the lowest grade, ALL schools attended. This must be a COMPLETE listing of every school in which the child has been enrolled.

School Attended	Address	Level	School Year
		Grade ___ to Grade ___	_____ to _____
		Grade ___ to Grade ___	_____ to _____
		Grade ___ to Grade ___	_____ to _____

## II. PARENTS' INFORMATION

NAME	FATHER			MOTHER		
	ENGLISH	CHINESE		ENGLISH	CHINESE	
	SURNAME	FIRST	MIDDLE	MAIDEN	FIRST	MIDDLE
RESIDENCE						
1. ADDRESS						
2. TELEPHONE NO.(S)						
3. CELLPHONE NO.(S)						
4. E-MAIL ADDRESS						
OCCUPATION/PROFESSION						
BUSINESS NAME						
1. ADDRESS						
2. TELEPHONE NO.(S)						
3. E-MAIL ADDRESS						
RELIGION	<input type="checkbox"/> ROMAN CATHOLIC <input type="checkbox"/> PROTESTANT (Specify) _____ <input type="checkbox"/> OTHERS (Specify) _____			<input type="checkbox"/> ROMAN CATHOLIC <input type="checkbox"/> PROTESTANT (Specify) _____ <input type="checkbox"/> OTHERS (Specify) _____		

**II. A. LANGUAGES** (Please indicate whether FAIR, GOOD, OR VERY GOOD)

LANGUAGE	FATHER				MOTHER			
	CAN SPEAK	CAN READ	CAN WRITE	CAN UNDERSTAND	CAN SPEAK	CAN READ	CAN WRITE	CAN UNDERSTAND
CHINESE	(MANDARIN)							
	(FOOKIEN)							
ENGLISH								
FILIPINO								
OTHERS								

**II. B. EDUCATION**

FATHER	NAME OF SCHOOL	ADDRESS	DEGREE OBTAINED	SCHOOL YEAR ATTENDED
Grade School				
High School				
College				
Post Graduate				

MOTHER	NAME OF SCHOOL	ADDRESS	DEGREE OBTAINED	SCHOOL YEAR ATTENDED
Grade School				
High School				
College				
Post Graduate				

**II. C. CITIZENSHIP**

	Chinese	Native Born Filipino	Naturalized Filipino	Applicant for Naturalization	Other Nationality
Father					
Mother					

**III. INFORMATION ON BROTHERS AND SISTERS** (Please list according to birth order, eldest first.)

NAME	CHINESE NAME	DATE OF BIRTH	AGE	SEX	SCHOOL	GR./YR.

**IV. FAMILY STATUS** (Please check any statement that applies.)

- Applicant lives with both parents
- Applicant lives with grandparents
- Parents are separated
- Others \_\_\_\_\_
- Parents are annulled/divorced
- Applicant lives with father only
- Applicant lives with mother only
- Child is adopted
- Father is deceased
- Mother is deceased

To whom will the school address its communications regarding the child's application?

Mr. & Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

Others (please specify) \_\_\_\_\_

**V. OTHER INFORMATION**

Has the child undergone any form of therapy?  Yes  No

If yes, please state kind of therapy. \_\_\_\_\_

If yes, please state period of treatment: \_\_\_\_\_

**VI. FAMILY PICTURE** *(Only immediate family members should be in the picture. Sun glasses should NOT be worn by any person in the picture.)*

**PLEASE PASTE  
RECENT 4R PICTURE  
HERE**

We hereby affirm that Xavier School reserves the right to withhold information regarding actual test scores of our child and that the test administered is solely for the use of Xavier School admission purposes.

We hereby certify that the above information is true and correct. We are aware that any or all of the information furnished in this application may be checked against original documents and that withholding or giving false information will render our child ineligible for admission or subject to dismissal. If admitted, we agree to abide by the policies, rules and regulations of Xavier School.

\_\_\_\_\_  
SIGNATURE OF FATHER

\_\_\_\_\_  
SIGNATURE OF MOTHER

\_\_\_\_\_  
DATE SIGNED

----- PLEASE DO NOT WRITE BELOW THIS LINE -----

REQUIRED DOCUMENTS HAVE BEEN CHECKED AND FOUND TO BE COMPLETE.

\_\_\_\_\_  
ADMISSIONS STAFF

\_\_\_\_\_  
DATE