

PASTE RECENT
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PHOTO
HERE



XAVIER SCHOOL

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

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

APPLICATION FOR ADMISSION TO HIGH 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: _____

CURRENT SCHOOL ENROLLED : _____ TEL. NO. OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

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

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: _____

IB. SCHOLASTIC BACKGROUND

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

1. a) Elementary School

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

1. b) Secondary School

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

2. List extra-curricular activities, including offices held.

3. List any honors or awards received for scholastic excellence.

4. List community or church activities.

5. Were you ever dismissed from any school or denied re-admission? Yes No
 If yes, please state name of school, date and reason(s) for dismissal or denial of re-admission.

6. Did you ever repeat a grade level? Yes No
 If yes, please state name of school, grade level and reason(s) for repeating.

7. Were you ever placed on probation status? Yes No
 If yes, please state name of school, date and reason(s) for the probation status.

II. PARENTS' INFORMATION

NAME ENGLISH CHINESE	FATHER			MOTHER		
	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 Parents are annulled/divorced Child is adopted
 Applicant lives with grandparents Applicant lives with father only Father is deceased
 Parents are separated Applicant lives with mother only Mother is deceased
 Others _____

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

Mr. & Mrs. _____ Ms. _____

Mr. _____ Mrs. _____

Others (please specify) _____

V. PHYSICAL FITNESS

1. Date of your last physical exam: _____

List any physical concerns, which should be taken into consideration in planning your school activities.

2. Have you ever been forced to stop schooling for a month or more because of poor health? Yes No

If yes, please dates and details. _____

VI. RECOMMENDATION

Please give the names and addresses of the persons who will send your letters of recommendation if requested by the Admission Committee.

Note: *Choose two persons who know you well and who have held positions of authority over you in your present school (e.g. your teacher, counsellor or principal). Do not include relatives or friends.*

1. _____ (Name & Position) _____ (Address)

2. _____ (Name & Position) _____ (Address)

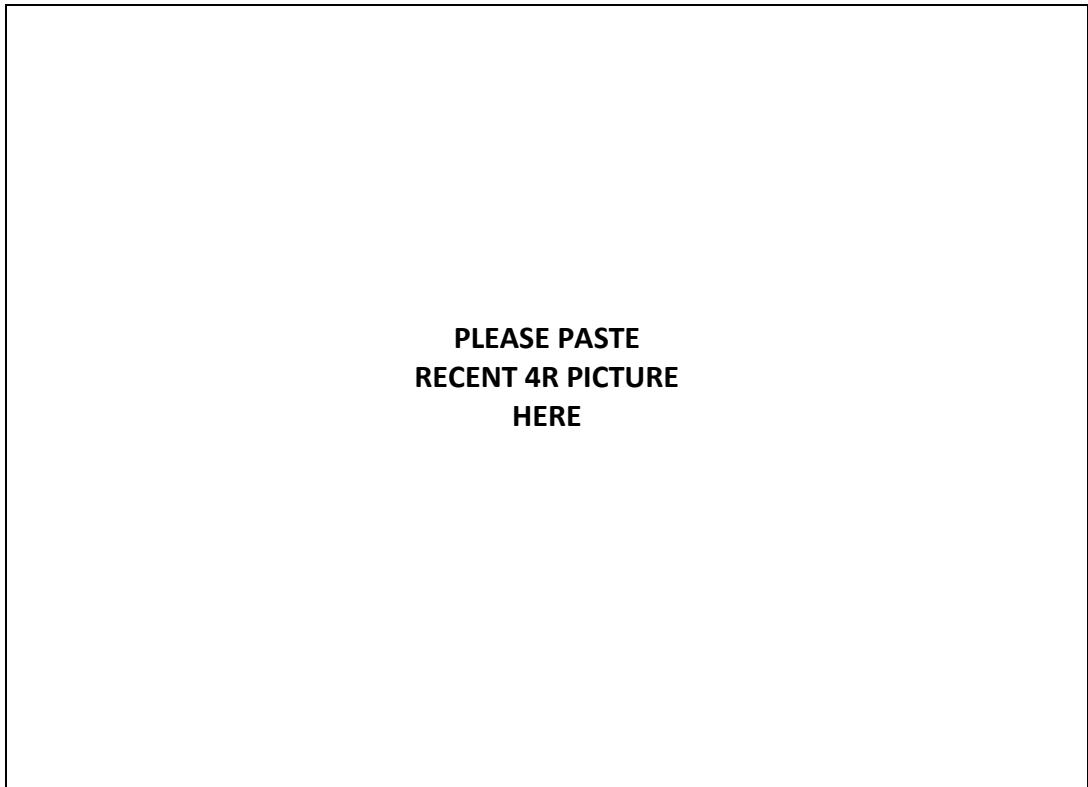
VII. OTHER INFORMATION

Has the child undergone any form of therapy? Yes No

If yes, please state kind of therapy. _____

If yes, please state period of treatment: _____

VIII. FAMILY PICTURE *(Only immediate family members should be in the picture.)*



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

SIGNATURE OF APPLICANT DATE SIGNED

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

REQUIRED DOCUMENTS HAVE BEEN CHECKED AND FOUND TO BE COMPLETE.

ADMISSIONS STAFF DATE