



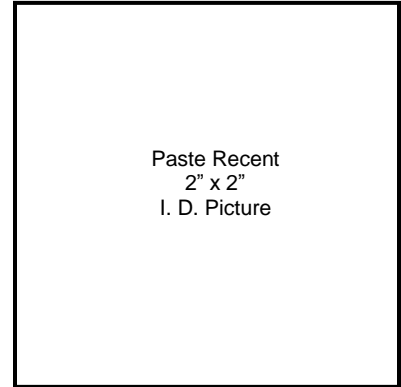
Admissions, Aid & Alumni Affairs Office

Application Number:

APPLICATION FOR JUNIOR HIGH SCHOOL
SY _____

Directions: *The items below require data that would greatly help us in providing quality services to our clientele. We would highly appreciate it if you would fully and honestly disclose information that we need about the student applicant. We do assure you that the information you presented will be treated with utmost confidentiality.*

In this regard, please fill-out the Application Form carefully and completely. In each item, please write the answers in print and make sure that all the items are given the appropriate answers. If there are items which are not applicable to the student applicant's context, please write N/A.



A. General Information

Name of Student Applicant:
(Name in Birth Certificate)

Last *First* *Middle*

Grade Level Applied For: Learner Reference No.

Is the applicant an ESC grantee? *(For Transferees only)* NO YES, ESC Identification Number
(School ID + Student ESC Number)

Previous School Attended:

Previous School's Complete Address:

Date of Birth: Place of Birth: Sex:
MM DD YYYY

Age: Religion: Citizenship:

Contact Numbers: Residential: Mobile: Email address:

Complete Mailing Address:

Provincial Address:
(If not the same as above)

Reason for Applying to AdDU-JHS:

LEGAL GUARDIAN: *(Please fill-out in case the student applicant is not living with the parent/s)*

Name: Contact Number:

Relationship with the Student Applicant: Email Address:

Address:

B. Family Background

	FATHER	MOTHER
Name: <i>(Please put an X beside the name if deceased)</i>		
Age:		
Contact Number:		
Email Address:		
Religion:		
Citizenship:		
Occupation:		
Company / Business Name:		
Office Telephone Number:		
Company / Business Address:		
Highest Degree Earned:		
Schools Attended:		
AdDU-HS / AdDU-JHS Alumni? <i>(Please indicate Year of Graduation in AdDU-HS/ AdDU-JHS)</i>		

MARITAL STATUS OF PARENTS *(Please check those which are appropriate)*

<input type="checkbox"/> Married in the Church / Under Religious Rites	<input type="checkbox"/> Widow / Widower
<input type="checkbox"/> Married Civilly / Under Law	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Living In / Cohabiting	<input type="checkbox"/> Separated; Since: <input type="text"/>

CHILDREN IN THE FAMILY *(Please list them according to birth order including the applicant. Use a separate sheet if necessary.)*

NAME	AGE	SEX	CIVIL STATUS	GRADE/YEAR/OCCUPATION	SCHOOL/COMPANY

LIVING CONDITIONS: *(Please check all the appropriate boxes pertaining to the student applicant's daily environment)*

The student applicant is staying with:

<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Mother	<input type="checkbox"/> Relatives (i.e. Aunts, Uncles, Cousins and etc.)
<input type="checkbox"/> House helper/s (i.e. Caretaker, Driver, Yaya and etc.)	<input type="checkbox"/> Others <i>Please Specify:</i> <input type="text"/>

If the student applicant is not living with both parents, what is/are the reason/s?

Language/s or Dialect/s used at home:

Number of years residing in the Philippines:

C. Brief Medical History

1. Please check if the student applicant ever had or presently has or undergoing any of the following:*

<input type="checkbox"/>	Heart / Cardiac Conditions / Concerns;	<i>Please specify:</i>	_____
<input type="checkbox"/>	Allergies / Allergic Reactions	<i>Please specify:</i>	_____
<input type="checkbox"/>	Bone Conditions / Concerns	<i>Please specify:</i>	_____
<input type="checkbox"/>	Cancer	<i>Please specify:</i>	_____
<input type="checkbox"/>	Diabetes	<i>Please specify:</i>	_____
<input type="checkbox"/>	Lung / Respiratory Conditions	<i>Please specify:</i>	_____
<input type="checkbox"/>	Gastric / Digestive Concerns;	<i>Please specify:</i>	_____
<input type="checkbox"/>	Brain / Neurological Conditions;	<i>Please specify:</i>	_____
<input type="checkbox"/>	Surgery	<i>Please specify:</i>	_____
<input type="checkbox"/>	Others	<i>Please specify:</i>	_____

*Questions adapted from the AdDU University Clinics Medical History Form 2014

2. Was the student applicant referred to a psychologist / psychiatrist?	<input type="checkbox"/> NO	<input type="checkbox"/> YES;	for:	<input type="text"/>
3. Was the student applicant assessed for any special needs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES;	for:	<input type="text"/>
4. Was the student applicant diagnosed with any psychological / developmental condition?	<input type="checkbox"/> NO	<input type="checkbox"/> YES;	with	<input type="text"/>
5. Was the student applicant diagnosed with a learning disability?	<input type="checkbox"/> NO	<input type="checkbox"/> YES;	with	<input type="text"/>
6. Was the student applicant diagnosed with any other illness?	<input type="checkbox"/> NO	<input type="checkbox"/> YES;	with	<input type="text"/>

Please include any other significant information / concerns regarding the applicant that may need special attention / consideration (i.e. health conditions, behavioral concerns, special needs and etc.)

D. Educational Background

Schools Attended: (Please list down all the schools that the student applicant has attended)

NAME OF SCHOOL	ADDRESS	GRADE LVL ATTENDED	SCHOOL YEAR

Honors / Awards Received: (Please list down all the significant honors / awards received by the student applicant. Use a separate sheet if necessary.)

Disciplinary Record:

Was the student applicant placed on Disciplinary or Behavioral Probation or Suspension? NO YES; for:

A G R E E M E N T

We hereby affirm that the credentials and documents we have submitted as requirements for our child's / ward's application for admission become the property of the Ateneo de Davao University – Junior High School and are not returnable to us or the student applicant. Also, we hereby affirm that any misrepresentation of information that is requested in this application form will be sufficient reason for refusal of admission and exclusion from the Ateneo de Davao University – Junior High School.

Further, we hereby affirm that the Ateneo de Davao University – Junior High School reserves the right to withhold any information pertaining to the actual test results of our child / ward and that the test administered to our child / ward is solely for the use of the Ateneo de Davao University – Junior High School admission purposes.

Moreover, we have carefully reviewed the information that we have furnished and stated in this application form and we declare them as complete and accurate. Moreover, we do understand that the University will not be held liable for any untoward incident that may arise as a result of any false, misleading or non-disclosed information that pertains to the student applicant's over-all condition once the student applicant is granted admission into the Ateneo de Davao University – Junior High School.

Parent's / Guardian's Signature
Over Printed Name

Date Signed

Parent's / Guardian's Signature
Over Printed Name

Date Signed

Student Applicant's Signature Over Printed Name

Date Signed