APPLICATION FORM

FAMILY NAME

GIVEN NAME

2x2
ID picture

Date of Application

_____/_____/_____
YYYY (2050) MMM (JUN) DD (27)

Application Type
- ☐ New Student
- ☐ Returning Student
- ☐ Transfer Student

PRESCHOOL	GRADE SCHOOL	JUNIOR HIGH	SENIOR HIGH
☐ Nursery	☐ Grade 1	☐ Grade 7	☐ Grade 11
☐ Pre-Kinder	☐ Grade 2	☐ Grade 8	☐ Grade 12
☐ Kindergarten	☐ Grade 3	☐ Grade 9	
	☐ Grade 4	☐ Grade 10	
	☐ Grade 5		
	☐ Grade 6		

APPLICANT'S INFORMATION

Name of Child *(Please write the child's complete legal name exactly as it appears on the passport or birth certificate.)*

_____ _____ _____ _____
Family Name Given Name Middle Name English Name *(if applicable)*

Date of Birth _____/_____/_____ **Place of Birth** _____/_____/_____
YYYY MMM DD Country State/Province City

Sex ☐ Male ☐ Female **Citizenship** _____ **Religion/Faith** _____

Permanent Address in the Philippines _____

_____ **Home Phone Number** _____

FAMILY INFORMATION

FATHER

Name _____ _____ _____ **Date of Birth** _____/_____/_____
Family Name Given Name Middle Name YYYY MMM DD

Contact Information _____ _____ _____ _____
Mobile Number Home Phone Work Phone Email Address

Occupation _____ **Citizenship** _____ **Passport No.** _____ **PH Visa Type** _____

Tick all that apply. ☐ Resides with the applicant ☐ Primary contact for academic and behavioral concerns ☐ Living ☐ Deceased

MOTHER

Name _____ _____ _____ **Date of Birth** _____/_____/_____
Family Name Given Name Middle Name YYYY MMM DD

Contact Information _____ _____ _____ _____
Mobile Number Home Phone Work Phone Email Address

Occupation _____ **Citizenship** _____ **Passport No.** _____ **PH Visa Type** _____

Tick all that apply. ☐ Resides with the applicant ☐ Primary contact for academic and behavioral concerns ☐ Living ☐ Deceased

LEGAL GUARDIAN

Name _____ _____ _____ **Date of Birth** _____/_____/_____
Family Name Given Name Middle Name YYYY MMM DD

Contact Information _____ _____ _____ _____
Mobile Number Home Phone Work Phone Email Address

Occupation _____ **Citizenship** _____ **Passport No.** _____ **PH Visa Type** _____

Tick all that apply. ☐ Resides with the applicant ☐ Primary contact for academic and behavioral concerns ☐ Living ☐ Deceased

SIBLINGS

Name _____ **Current School** _____ **Level** _____ **Age** _____

Name _____ **Current School** _____ **Level** _____ **Age** _____

Name _____ **Current School** _____ **Level** _____ **Age** _____

Name _____ **Current School** _____ **Level** _____ **Age** _____

EDUCATIONAL BACKGROUND

Name of School	City/Country	From	To	Level(s)

LANGUAGE PROFILE

Please rate your child's English reading proficiency. ☐ Excellent ☐ Very Good ☐ Good ☐ Poor ☐ Needs Assistance

Please rate your child's English writing proficiency. ☐ Excellent ☐ Very Good ☐ Good ☐ Poor ☐ Needs Assistance

Please rate your child's English speaking proficiency. ☐ Excellent ☐ Very Good ☐ Good ☐ Poor ☐ Needs Assistance

Mother's First Language _____ **Father's First Language** _____

Primary Language(s) Spoken at Home _____ **Other Language(s)** _____

ADDITIONAL INFORMATION

Has your child ever repeated or skipped a grade/year level, or taken a gap year? ☐ Yes ☐ No

If yes, please provide details. _____

Has your child received any remedial support, either at their previous school or through a learning center? ☐ Yes ☐ No

If yes, please provide details. _____

Has your child participated in any advanced-level classes or programs? ☐ Yes ☐ No

If yes, please list the advanced-level classes. _____

_____

Has your child ever experienced any behavioral or disciplinary concerns at school? ☐ Yes ☐ No

If yes, please briefly describe the case(s). _____

_____

Does your child have any special educational needs? ☐ Yes ☐ No

If yes, please provide the details. _____

Has your child received support from any of the following? (e.g., a developmental pediatrician, occupational therapy, speech therapy, physical therapy, counseling/psychotherapy, social skills training, executive coaching, or other support services) ☐ Yes ☐ No

If yes, please provide the details. _____

_____

Please check your child's special talents or interests. ☐ Singing ☐ Acting ☐ Sports ☐ Dancing ☐ Visual Arts ☐ Creative Writing ☐ Playing Musical Instruments ☐ Public Speaking ☐ Photography/Videography ☐ Leadership ☐ Others (please specify) _____

Please indicate any additional information you believe your child's future teacher should know about your child.

_____

_____

MEDICAL INFORMATION

Has your child been diagnosed with any medical conditions, allergies, dietary requirements or restrictions, physical, emotional, or learning difficulties or disabilities, or other health concerns that the school should be aware of? ☐ Yes ☐ No

If yes, please provide details of your child's condition or the pediatrician's diagnosis. _____

_____

EMERGENCY CONTACT INFORMATION

Please provide an emergency contact in case the mother/father/guardian cannot be reached.

Name _____ **Relationship to the Student** _____

Office Number _____ **Home Phone Number** _____

Cellphone Number _____ **Email Address** _____

INITIAL REQUIREMENTS

- ☐ **Accomplished and Signed Application Form**
- ☐ **Birth Certificate/Passport**
- ☐ **School Report Card** (for transfer students only)
- ☐ **Application and Assessment Fee**

TERMS & CONDITIONS

Fountain International School requires that all information submitted in this application be complete, accurate, and truthful.

Failure to disclose relevant academic, behavioral, or support history may result in the denial of admission, withdrawal of an offer, or dismissal if enrollment has already occurred. The discovery of withheld or inaccurate information may result in a delay, non-consideration, or reversal of an admissions decision.

Fountain International School reserves the right to determine solely the grade-level placement through its Admissions Committee based on the academic assessment and review process and the age placement guidelines set by the Department of Education.

Admission decisions rely on a full and transparent disclosure of a child's educational and developmental history to ensure appropriate placement and support. Grade placement will be offered to the parents accordingly.

All information submitted will be treated as confidential and handled in accordance with Fountain International School's privacy policies.

All documents submitted to Fountain International School as part of the admissions process automatically become the property of the school.

DECLARATION OF ACCURACY & CONSENT

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge.

By signing this form, I give my consent to Fountain International School to contact student's previous schools and relevant educational professionals to verify information and request records including all academic, medical and psycho-educational records, within school policy, as may be required for admission consideration of this applicant.

I understand that by applying for admission to Fountain International School, I give permission to the institution to collect, use and further process information on personal circumstances and directory information such as – but not limited to – physical addresses, landline/mobile numbers, email address, family data/history, academic information/background, disciplinary record, medical record and/or other significant demographic profile.

I am aware that said personal information will be accessed and used by the Admissions personnel for the purpose of carrying out their contractual duties and by other school personnel who are involved in the evaluation of application for admission.

Father's Signature *(Printed Name Below)*	**Mother's Signature** *(Printed Name Below)*	**Legal Guardian's Signature** *(Printed Name Below)*

WHAT'S NEXT?

☑ INQUIRY → ☑ APPLICATION → ○ ASSESSMENT → ○ ENROLLMENT