



UNIVERSITY of the ASSUMPTION GRADE SCHOOL

Unisite Subdivision, Del Pilar, City of San Fernando, 2000 Pampanga, Philippines

Paste recent colored 1x1 ID picture here with name tag

APPLICATION FOR ADMISSION Academic Year 2018-2019

New Pupil
 Transferee
 Returnee

Name of Pupil Applicant _____ Grade/ Level Applied for _____
Last First Middle (Full)

Present Address _____
Unit No. Street Barangay Town Province Zip Code

Date of Birth _____ Place of Birth _____ Age _____ Birth Order _____
mm/dd/yy Town Province

Gender _____ Citizenship _____ Religion: _____ Contact No./s _____

Name of Father _____ Occupation _____
Last First Middle (Full)

Business/Company Address _____ Mobile Phone No. _____

Name of Mother _____ Occupation _____
Last First Middle (Full)

Business/Company Address _____ Mobile Phone No. _____

No. of Children studying at UA _____ (Please indicate Level/Grade/Year)

If not living with parents, name of Guardian _____ Relationship _____

Address _____ Mobile Phone No. _____

School/s Attended (Kindly start with the most recent)

Name of School	Address	Academic Year	Grade/Level

Please check below the condition/s that apply/applies to your child that should be taken into consideration.

Health Concerns

- visual problem
- hearing problem
- asthma
- bronchitis
- delay in speech

- allergy (please specify) _____
- had undergone surgery (please specify) _____
- other/s (please specify) _____
- none

Behavioral Concerns

- impatient
- moves a lot
- easily distracted
- talks a lot
- lacks eye contact
- poor social skills
- other/s (please specify) _____
- none

- had consulted specialist/s
 - Neurodevelopmental Pediatrician
 - Counselor
 - Occupational Therapist
 - Others (please specify) _____
- Special Education Teacher
- Psychologist
- Psychiatrist

Reason for consultation: _____

I certify that the above information supplied is true and accurate.

Parent's/Guardian's Signature Over Printed Name _____

Relationship to the Applicant _____

Date of Application _____



---GUIDANCE OFFICE USE ONLY---

TEST SCHEDULE

Date of Test: _____ Time: _____ Venue: **Guidance Testing Room**

Please bring the following:

- ✓ **Accomplished Application Form**
- ✓ **Admission Requirements**
- ✓ **Eraser**

_____ **Date**

_____ **Counselor**

ADMISSION REQUIREMENTS

For Preschool

- __ Photocopy of Report Card (if any)
- __ Photocopy of PSA Birth Certificate
- __ Photocopy of Baptismal Certificate
- __ Additional 1 copy of recent colored 2x2 I.D picture with name tag
- __ Accomplished Recommendation Form

for Grades 1 - 6

- __ Good Moral Character Certificate
- __ Photocopy of Report Card
- __ Photocopy of PSA Birth Certificate
- __ Photocopy of Baptismal Certificate
- __ Additional 1 copy of recent colored 2x2 I.D picture with name tag
- __ Accomplished Recommendation Form

Additional Requirements

for Foreign Applicants

- __ *Alien Registration Certificate (ACR)*
- __ *Study Permit*
- __ *School Permanent Record (Form 137)*

Additional Requirements

for Dual Citizen Applicants

- __ *Certificate of Dual Citizenship*
- __ *Philippine Passport*
- __ *School Permanent Record (Form 137)*

**Dual Citizen and Foreign applicants should visit the University Registrar for interview.
Non-Catholic applicants will also be interviewed by the Grade School CLE Academic Chair.**

Documents checked and verified by: _____

Date: _____

GS ENTRANCE TEST RESULTS

TEST DATE: _____ RESULTS: _____ EXAMINER: _____

REMARKS: _____

ENROLLMENT PERMIT ISSUED: _____			
Student Number: _____	Permit No. _____	Date _____	Counselor _____

