

MIDDLE AND UPPER SCHOOL APPLICATION FORM

Student's Legal Name: _____

Last	First	Middle	Nickname
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Address	City	Date of Birth	Age
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Second Address (if applicable) _____

(For transferees) Present school and address: _____

How did you find out about CLP School? Who referred you (if any)?

Gender: Male _____ Female _____	Program applying for: Grade 4 _____ Grade 5 _____ Grade 6 _____ SPED (FLEX Program) _____	Grade 7 _____ Grade 8 _____ Grade 9 _____ Grade 10 _____
Religion: _____		
Is the child adopted? ___ Yes ___ No If YES, what year and age was he/she adopted? _____		

Parents/Guardian

Mother's Name: _____

	Home phone (landline)	Mobile phone
Place of employment	Occupation	Business phone

Email: _____

Father's Name: _____

	Home phone (landline)	Mobile phone
Place of employment	Occupation	Business phone

Email: _____

Legal Guardian: _____

	Home phone (landline)	Mobile phone
Place of employment	Occupation	Business phone

Email: _____

Family/Home

Siblings	Age	School/Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other adults living with you other than the immediate family:

Name of adult	Relationship with child
_____	_____
_____	_____

What is the language used at home? _____
 Second language or other languages the child is exposed to: _____

Child's Growth and Development

1. Problems during birth: _____
2. Problems during growth and development: _____
3. Is there history of learning problems/developmental delays/issues in the family? ___ YES ___ NO
4. General health at present: ___ poor ___ fair ___ good
5. Surgery, major illness, childhood diseases, high fevers, ear infections, injuries, operations. Give age of child with each _____
6. Allergies: _____
7. Is your child now receiving regular medication of any sort? ___ YES ___ NO
 Name of medication: _____ Dosage: _____
8. Describe medical or learning problems if any: _____
9. Diagnosis if any: _____
10. Have you ever sought consult (with a developmental pediatrician, psychologist, psychiatrist, or any other in the allied medical field) for your child? ___ YES ___ NO
11. Has your child been recommended for further evaluation? ___ YES ___ NO
12. Has your child received intervention (e.g. but not limited to occupational therapy, speech and language program, physical therapy, psychotherapy, counseling, etc.)? ___ YES ___ NO
13. If your child attended private tutoring and/or therapy, fill in the following:

Name and address of center	Teacher/Therapist	Dates	No. of hours/week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Awards and Talents

List of special talents/interests/hobbies your child exhibits:

List special lessons in sports/music/etc. that your child has received or is currently receiving (indicate dates/duration/location, and other details):

List special awards/medals your child has received:

Parenting and Schooling:

My child spends most of his/her time with: parent/s nanny/caregiver siblings other relatives
 friends

Check one: I/We believe in establishing routine. Or I/we believe routine should be flexible and allows for a lot of changes according to our own activities (parent's work/career/family activities, etc.)

My child follows this routine at home: wake up time: _____ bed time: _____

Morning activities: _____

Activities after lunch: _____

Nighttime or routine after dinner: _____

I/We believe in this/these (one or more) types of discipline practices:

spanking time out face the wall explaining why it is wrong grounding
 none, because they are too young to understand discipline

For each of the following pairs of statements, choose the more dominant statement to describe your beliefs:

I/We believe children should be drilled in reading, writing, and learning math as early as possible.

I/We believe children should be given more time to play and explore their surroundings.

I/We believe children should be given homework at least three up to five times a week.

I/We believe children should continue their learning at home through guided play and interaction with the knowledgeable adults.

I/We believe children should learn, firstly, how to socialize and interact properly; secondly, academics.

I/We believe that in order to be excellent, children should be immersed in academic work as early as possible.

I/We believe in partnering with the school to help our child have a happy and successful school life.

I/We believe it is the school's sole responsibility to enable our child to learn academic concepts.

I/We believe in the inclusion philosophy where both neuro-typical learners and learners with special education needs interact and learn from each other.

I/We believe that learners with special education needs have to be segregated in special education schools rather than in a regular classroom.

I/We believe children should learn about the Philippines and to speak Filipino in order to widen their understanding of themselves and of the world.

I/We believe children should learn to speak English first because it is regarded as a global language.

I/We believe children should learn about peace building, conflict resolution, and non-violence as early as possible.

I/We believe peace and socio-civic issues are too abstract for the young child.

I/We believe it is necessary for young children to learn about ways to save the environment.

I/We believe caring for the environment is still too difficult for our/my child to process.

Goal/s for my/our child's schooling:

I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

Parent's Signature

Date

RECEIVED BY:

CLP representative's INITIALS: