



GOOD SHEPHERD CHRISTIAN SCHOOL
71 I. Lopez St., City of Mandaluyong

Control No. _____

Date of Exam: _____

O.R. No.: _____

STUDENT APPLICATION FORM
(Preschool/Elementary)

A.

Last Name	First Name	Middle Name	Sex

B.

Grade Applying for	To Enter in Month & Year	Home Address Number & Street

C.

Place of Birth Town or City	Province	Country	Citizenship	Date of Birth Month Day Year

D. Family

	Last Name	First Name	M.I.	Living	With Family	Church Affiliation
Father				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Occupation

Father	Mother	Combined Monthly Income

F. Rank in the family of this child (Pls. circle):

1 2 3 4 5 6 7 No. of Sisters: _____ No. of Brothers: _____

G. In case of emergency, please contact: _____ Tel. No.: _____

H. School last attended : _____
Address : _____

I. Has applicant ever had any serious discipline problems, been suspended or expelled from school?
Yes No If yes, please explain: _____

J. Has applicant ever repeated a grade level? Yes No
If yes, please explain: _____

K. Does the applicant have any mental, emotional or physical handicaps which may affect his activities or progress, or that for some reason should be known by his teacher? (Reply will be held confidential)

L. Do you have a personal relationship with God? Yes No If YES, please elaborate. _____

M. State in your own words why you want to study at Good Shepherd Christian School. _____

SIGNED:

Parent's Signature over Printed Name

Student's Signature over Printed Name

FOR GSCS AUTHORIZED PERSONNEL

Entrance Examination Fee - _____ O.R. No. _____ Rating: _____
Paid Reservation Fee - _____ O.R. No. _____

Credentials Submitted: Form 138 Form 137 Good Moral Character Cert. Recommendation Form

Interviewed by: _____ Received by: _____

Comments/Remarks: _____

Action Taken : _____

FAMILY APPLICATION FORM

(Please write CLEARLY)

A. Parent/Guardian Information

Family	Last Name, First Name, and Middle Name	M.I.	Occupation	Contact Number
Father				
Mother				
Guardian				

B. Home Address

No. and Street	City /Town/Province	Contact Number

C. Marital Status (Please check one)

Father : - First Marriage - Widowed - Separated - Unmarried - Remarried

Mother: - First Marriage - Widowed - Separated - Unmarried - Remarried

D. We would like to enroll the following children to begin _____(month) _____(year).

	Name of Children (First, Middle, Last)	Grade to Enter	Enrolled in GSCS previously (year)	Age / Birthday	Our child by: (Birth, Adoption, Previous Marriage)
1.					
2.					
3.					
4.					
5.					

E. Names and ages of all other children in the family:

F. We previously applied to GSCS in _____(year)

G. The following applicants have repeated grade (Pls. list name and grade repeated:

H. Has any of the applicants been in serious disciplinary difficulty, suspension, probation, police record, expulsion? Yes No If yes, please give details.

I. Statement of Personal Christian Experience and Faith:

Father: _____

Mother: _____

J. Church or denominational affiliation

Father: Church now attending		Regular <input type="checkbox"/> Not Regular <input type="checkbox"/> Seldom <input type="checkbox"/>
Mother: Church now attending		Regular <input type="checkbox"/> Not Regular <input type="checkbox"/> Seldom <input type="checkbox"/>

H. Who referred you to Good Shepherd Christian School? _____

K. Other personal references:

Name/s	Address	Contact No.

J. Please state in detail why you wish your child/children to attend GSCS.

Signature of Respondent Parent/Guardian