



Ateneo de Zamboanga University

GRADE SCHOOL

PAASCU Level III Accredited

ADMISSIONS, TESTING AND COMMUNICATIONS OFFICE

APPLICATION FOR NEW STUDENT

SCHOOL YEAR 2019 - 2020

Please accomplish this form completely and legibly. Incomplete information may affect enrolment.

Shade LEVEL applying for.

- Preschool
 Kindergarten

Grade Level

- 1 2 3
 4 5 6

Passport Size
(4.5cm x 3.5cm)
ID Picture with
Blue Background

APPLICANT'S INFORMATION

| | | | | | |
|---|--------|--------------------|----------------------|---|---|
| 1. STUDENT APPLICANT'S COMPLETE NAME: (Surname, Given Name, Middle Name) | | | 2. NICKNAME: | | |
| 3. COMPLETE PERMANENT ADDRESS: | | | 4. CONTACT NUMBER/S: | | |
| | | | Landline: _____ | | |
| | | | Mobile: _____ | | |
| 5. MAILING ADDRESS: (If same with Permanent Address, write "same as above") | | | | | |
| 6. DATE OF BIRTH: (Month / Day / Year) | | 7. PLACE OF BIRTH: | | 8. AGE: | 9. GENDER: |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 10. CITIZENSHIP: | | 11. RELIGION: | | 12. ETHNICITY: | |
| | | | | <input type="checkbox"/> Zamboangueno <input type="checkbox"/> Visayan <input type="checkbox"/> Tagalog <input type="checkbox"/> Others _____ | |
| 13. EDUCATIONAL HISTORY: | | | | | |
| Level | School | | Address | | Year (from / to) |
| Nursery / Day Care | | | | | |
| Preschool | | | | | |
| Kindergarten | | | | | |
| Elementary | | | | | |

FAMILY INFORMATION

| | | | | | |
|--|--------------------|-----------------------------------|----------|--|--|
| 14. FATHER'S COMPLETE NAME: (Surname, Given Name, Middle Name) | | | 15. AGE: | 16. Living? | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. LANDLINE NUMBER: | 18. MOBILE NUMBER: | 19. EMAIL ADDRESS: | | 20. FACEBOOK ACCOUNT: | |
| | | | | | |
| 21. HIGHEST EDUCATIONAL ATTAINMENT: | | 22. NAME OF ACADEMIC INSTITUTION: | | 23. YEAR GRADUATED: | |
| | | | | | |
| 24. CURRENT OCCUPATION / PROFESSION: | | 25. NAME OF FIRM / EMPLOYER: | | | |
| | | | | | |
| 26. MOTHER'S COMPLETE NAME: (Surname, Given Name, Middle Name) | | | 27. AGE: | 28. Living? | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 29. LANDLINE NUMBER: | 30. MOBILE NUMBER: | 31. EMAIL ADDRESS: | | 32. FACEBOOK ACCOUNT: | |
| | | | | | |
| 33. HIGHEST EDUCATIONAL ATTAINMENT: | | 34. NAME OF ACADEMIC INSTITUTION: | | 35. YEAR GRADUATED: | |
| | | | | | |
| 36. CURRENT OCCUPATION / PROFESSION: | | 37. NAME OF FIRM / EMPLOYER: | | | |
| | | | | | |

| 38. CHILDREN IN THE FAMILY (Including the applicant according to their birth order) | | | |
|---|-----|------|-----|
| Name | Age | Name | Age |
| 1. | | 6. | |
| 2. | | 7. | |
| 3. | | 8. | |
| 4. | | 9. | |
| 5. | | 10. | |

39. **DESIGNATED GUARDIAN/REPRESENTATIVE:** As the Designated Guardian/Representative, it is mutually understood that he/she is of legal age and may act as a representative of the student applicant's parent/s on school activities including conference/s that may be called for by any school authority/ies upon written authority of the concerned parents.

39.1. Designated Guardian/Representative's Complete Name: (*Surname, Given Name, Middle Name*)

39.2. Relation to Applicant:

39.3. Address:

39.4. Contact Number:

| | |
|--|---|
| <p>40. HEALTH / PHYSIOLOGICAL CONCERNS Check item/s applicable to the applicant.</p> <p><input type="checkbox"/> asthma</p> <p><input type="checkbox"/> bronchitis</p> <p><input type="checkbox"/> speech delay</p> <p><input type="checkbox"/> visual impairment</p> <p><input type="checkbox"/> hearing impairment</p> <p><input type="checkbox"/> allergy <i>specify:</i> _____</p> <p><input type="checkbox"/> surgery <i>specify:</i> _____</p> <p><input type="checkbox"/> others <i>specify:</i> _____</p> | <p>41. BEHAVIORAL CONCERNS Please check item/s applicable to the applicant.</p> <p><input type="checkbox"/> lack of or no eye contact</p> <p><input type="checkbox"/> clingy</p> <p><input type="checkbox"/> short attention span</p> <p><input type="checkbox"/> fidgety</p> <p><input type="checkbox"/> lacks confidence</p> <p><input type="checkbox"/> talks a lot</p> <p><input type="checkbox"/> impulsive</p> <p><input type="checkbox"/> easily distracted</p> <p><input type="checkbox"/> shy</p> <p><input type="checkbox"/> Others <i>specify:</i> _____</p> <p>42. CLINICALLY DIAGNOSED CONDITIONS* <i>specify:</i> _____</p> <p><i>* Clinically diagnosed conditions refer to behavioral conditions identified that may affect learners in a normal classroom setting such as ADHD, ADD, ASD among others.</i></p> |
|--|---|

| | |
|--|--|
| <h2 style="margin: 0;">CERTIFICATION</h2> <p style="margin: 0;">This is to CERTIFY that all information written in this application is complete and accurate. I understand that such information is covered by the university's Data Privacy Notice.</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">Parent/Designated Guardian/Representative's Signature over Printed Name</p> <p style="margin: 0;">_____</p> <p style="margin: 0;">Date Accomplished</p> | <p style="margin: 0;">Requirement Checklist <i>(To be filled up by ATCO)</i></p> <p style="margin: 0;"><input type="radio"/> Birth Certificate (PSA/NSO)</p> <p style="margin: 0;"><input type="radio"/> Form 138 (Report Card)</p> <p style="margin: 0;"><input type="radio"/> Good Moral Character</p> <p style="margin: 0;"><input type="radio"/> 4.5cm x 3.5cm ID Picture</p> <p style="margin: 0;"><input type="radio"/> Assessment Fee (P200.00)</p> |
|--|--|

SURVEY

Dear Parent/Designated Guardian/Representative:

Thank you for considering the Ateneo de Zamboanga University Grade School for your child/ward's education. For us to be able to further improve our service to our clientele such as you, we wish to request a little of your time to answer a short survey that we have prepared. Simply shade the circle/s of your response/s. Thank you.

- Ateneo Grade School Admissions

1. How did you come to know about the Ateneo Grade School?

Relative/Friend
 Ateneo Employee
 Facebook/Internet
 Print Ads

Others: _____

2. Does any member of your family circle have been to AdZU to study?

YES
 NO

If yes,

Father Siblings Grade School College
 Mother Relatives High School Professional School
 Both

Program/s Completed

3. What made you consider the Ateneo Grade School as a school for your child / ward?

quality education
 accessibility
 teachings
 facilities and amenities
 values
 Others, specify _____

Thank you for your responses. Please submit this form with all the other requirements to the Ateneo Grade School Admissions Office.