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PHOTO

Student Application Form

Kindly fill out all fields, put N/A for those that do not apply to you.

APPLICATION FORM FOR SCHOOL YEAR: _____

LEVEL APPLYING FOR: _____

APPLICANT INFORMATION

Name of the child

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ NICKNAME _____

DATE OF BIRTH: _____ AGE: _____ YRS: _____ MOS: _____ SEX: _____

NATIONALITY: _____ RELIGION: _____ LANGUAGES SPOKEN: _____

HOME ADDRESS: _____ TELEPHONE NO./S: _____

SCHOOL LAST ATTENDED: _____ LEVEL: _____

PREVIOUS SCHOOL'S ADDRESS: _____

ANY BEHAVIORAL CONCERN: YES NO ANY LEARNING DISABILITY: YES NO

If YES, please explain:

If YES, please explain:

HOW DID YOU KNOW ABOUT DOMUSCHOLA SCHOOL? _____

FATHER'S INFORMATION

NAME OF FATHER: _____ NICKNAME: _____

ADDRESS: _____ HOME PHONE: _____

DATE OF BIRTH: _____ RELIGION: _____ NATIONALITY: _____

EDUCATIONAL ATTAINMENT: _____ SCHOOL: _____

OCCUPATION: _____ WORK HOURS: _____

NAME OF COMPANY: _____ COMPANY ADDRESS: _____

WORK PHONE: _____ MOBILE NO./S: _____

E-MAIL ADDRESS: _____ OTHER CONTACT NO./S: _____

MOTHER'S INFORMATION

NAME OF MOTHER: _____ NICKNAME: _____

ADDRESS: _____ HOME PHONE: _____

DATE OF BIRTH: _____ RELIGION: _____ NATIONALITY: _____

EDUCATIONAL ATTAINMENT: _____ SCHOOL: _____

OCCUPATION: _____ WORK HOURS: _____

NAME OF COMPANY: _____ COMPANY ADDRESS: _____

WORK PHONE: _____ MOBILE NO./S: _____

E-MAIL ADDRESS: _____ OTHER CONTACT NO./S: _____

If parents are not living together, which parent has custody of child? _____

FATHER'S / GUARDIAN'S SIGNATURE OVER PRINTED NAME

MOTHER'S / GUARDIAN'S SIGNATURE OVER PRINTED NAME

DATE

Once completed, please SAVE and submit the form via email to admissions@domuschola.edu.ph or send it to the Admissions Office, Domuschola Campus (#13 J.Cruz St., Brgy.Ugong, Pasig City).

FOR SCHOOL USE ONLY

Application received by: _____

Date received: _____