

# THE BEACON ACADEMY

## STUDENT APPLICATION FORM

Two Photos of Applicant  
2x2 (RECENT)  
Please prepare 2,500PHP  
Application Fee

**APPLYING FOR GRADE:**

**SCHOOL YEAR:**

9  10  11  12

- To be completed by applicant and parent/guardian
- Please print or type in all information in blue or black ink.
- The applicant and their parent or guardian must sign the last page of this form.

### SECTION A: APPLICANT/ FAMILY INFORMATION *(This section to be completed by parents)*

NAME (as appears in birth certificate)

LRN:

Last		First		Middle	
Preferred Name	Date of Birth (mm/dd/yyyy)	Nationality	Birthplace		Gender
Citizenship/s	Philippine Visa Status	Religious Affiliation		First Language	
Home Address (please include ZIP CODE)					
Mailing Address (if different from above)					
Home Telephone		Mobile Phone of Applicant		E-mail of Applicant	

### CURRENT SCHOOL INFORMATION

Name of Current School		Current Grade/Level	School Website
School Address			
Head of School / Principal		E-mail of Current School	Phone Number of Current School

### LIST OF SCHOOLS ATTENDED (INCLUDING CURRENT SCHOOL)

Name of School	Address (city, country)	Dates Attended (month-year to month-year) ex: August 2000-May 2004	Grade Level	Language of Instruction

## ADDITIONAL INFORMATION

Please explain any yes answers in more detail below:

Question	Additional Information
1. Has your child ever been diagnosed with a learning disability or any special education needs? <input type="checkbox"/> No / <input type="checkbox"/> Yes	
2. Has your child had a learning assessment or received remedial help in his/her previous school/s? <input type="checkbox"/> No / <input type="checkbox"/> Yes	
3. Does your child have any special concerns (eg: speech, language, health, allergies, others)? <input type="checkbox"/> No / <input type="checkbox"/> Yes	
4. Has your child ever been diagnosed with any disorder (i.e. anxiety, depression, adjustment, ADHD, etc) by a clinician or other medical professional? <input type="checkbox"/> No / <input type="checkbox"/> Yes.	<i>(If yes, please provide details and submit a copy of any diagnostic reports or assessments, or a summary report on any therapeutic intervention.)</i>
5. Has your child had any behavioral, social, or disciplinary difficulties at his/her previous schools? <input type="checkbox"/> No / <input type="checkbox"/> Yes	

*(All information will be handled with confidentiality.)*

## PARENT/ GUARDIAN/FAMILY INFORMATION

<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/ Annulled		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/ Annulled	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Name:		Middle Name:	
Citizenship:		Citizenship:	
Nationality:		Nationality:	
Philippine Visa Status:		Philippine Visa Status:	
Employer or Organization:		Employer or Organization:	
Type of Industry:		Type of Industry:	
Position:		Position:	
Office Address in Manila:		Office Address in Manila:	
Office Phone Number:		Office Phone Number:	
* Mobile Number:		* Mobile Number:	
* Email Address:		* Email Address:	
<i>* You will receive text and email messages about emergency school closure or other announcements on this number and address.</i>		<i>* You will receive text and email messages about emergency school closure or other announcements on this number and address.</i>	
<b>Emergency Contact Person (aside from above)</b>		<b>Emergency Contact Person (aside from above)</b>	
Name:		Name:	
Mobile Number:		Mobile Number:	

Who is the custodial parent / guardian?  Father / Legal Guardian 1  Mother / Legal Guardian 2  Both

To whom should ANY correspondence from BA be sent?  Father / Legal Guardian 1  Mother / Legal Guardian 2  Both

Names of Siblings	Age	Date of Birth	Schools Attending / Attended	Current Level

**SECTION B: STUDENT INFORMATION** (*This section to be completed by the applicant*)

Please list in order of importance to you all extra-curricular, athletic, and community activities in which you have been involved during the past three years. Note any leadership position attained or level at which you participated in the activity. Please do not worry if you do not fill all the boxes.

Extracurricular Activity	Position / Role	Year/s of Experience	Hours / Week	Do you plan to continue?

Which of the above activities are the most important to you and why?

List any honors or awards you have received. Include honor roll, academic awards, all-star teams, records, music awards, art show prizes or anything else in which you take pride:

Award	Year Given	Role

What achievement, big or small, has been the most interesting or satisfying to you and why?

How do you enjoy spending your free time when you're not at school?

What do you know about the Beacon Academy?

How do you feel about your move to our school?

How would you describe your family and your role within the family?

Failure to provide complete and accurate information of any kind on this form will void the application and could result in the student being permanently dropped from Beacon Academy after being enrolled. The Beacon Academy reserves the right to determine the placement of the applicant in the grade level deemed most appropriate for the student.

I have completed this application in good faith and to the best of my ability. I have answered all questions truthfully, and the application answers are entirely my own work.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

To the best of my knowledge, the information submitted on this form is true and correct.

\_\_\_\_\_  
Signature of Father / Guardian

\_\_\_\_\_  
Signature of Mother / Guardian

\_\_\_\_\_  
Date

