

List honors and awards received in your previous school (academic and extra-curricular).

Honors and Awards Academic	Honors and Awards Extra-Curricular

OAD - FORM 1



Reedley International School

A SINGAPORE-AMERICAN SCHOOL

STUDENT APPLICATION FORM

Track No.:

Please print clearly in blue or black ink.

NOTE : Complete all sections of this Application Form. Submitting incomplete Application Requirements may delay admission and enrollment.

4. ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No

What language/s do you speak at home? _____

5. ALUMNI RELATIONS

List down any family members or relatives who are attending or have attended Reedley International School.

Name	Relationship	Age	School Year Attended

6. REASON FOR TRANSFER

What is your reason for transferring to Reedley International School?

7. DECLARATION AND SIGNATURE

The information on this form is supplied by me on the understanding:

(a) that it may be used for purposes relating to my enrollment as a student by members of the academic and administrative staff of Reedley International School;

(b) that it may be used for purposes of statistical information in the school;

(c) that I have the right to see and correct, if necessary, the information I have provided;

(d) that I read and fully understood the restrictions and guidelines of this application;

(e) that I understand and agree that if I furnish incorrect or incomplete information on this application or in connection with this application, this may result in my admission being denied or revoked or in my suspension or expulsion from the school;

(f) that I understand and agree that failure on my part to complete admission requirements will nullify my eligibility to enroll;

If accepted as a student, I agree that my admission, matriculation, and graduation are subject to the rules and regulations of Reedley International School. I further agree that I will abide with the Code of Discipline of the school.

I declare that all the information submitted on this application form and in the attached documents is correct and complete. I authorize Reedley International School to obtain official records from any educational institution that I have previously attended. I understand that Reedley International School reserves the right to vary or reverse any decision regarding admission or enrollment made on the basis of incorrect or incomplete information.

Applicant's Signature _____ Date ____/____/____

Parent's Signature _____ Date ____/____/____

Guardian's Signature _____ Date ____/____/____

Credentials filed in support of this application become the property of Reedley International School and will not be returned to the applicant. Misrepresentation of information requested in this application will be considered sufficient reason for refusal of admission and exclusion.

Reedley International School does not discriminate in admissions, educational programs, or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age or disability and prohibits such discrimination by its students, faculty and staff.

TO BE FILLED OUT BY REEDLEY PERSONNEL ONLY	
I am applying for School Year: _____	Type of Application: <input type="checkbox"/> Upper School I II III IV <input type="checkbox"/> Middle School 5 6 7 <input type="checkbox"/> Lower School 1 2 3 4
Is this your first time to apply in RIS? <input type="checkbox"/> Yes <input type="checkbox"/> No I applied for School Year: _____	Checklist: <input type="checkbox"/> Complete Requirements _____ Lacking: _____ <input type="checkbox"/> Payment _____ <input type="checkbox"/> Testing _____ <input type="checkbox"/> Interview _____
How did you find out about RIS? <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Billboard Ad <input type="checkbox"/> Website Others: _____	

Attach 2 x 2 ID picture with white background.
(Should be taken in the past 6 months)
Print name at the back of the picture.

1. PERSONAL DETAILS

Write the name that appears on your birth certificate.

Last Name _____

First Name _____

Middle Name _____

Date of Birth ____/____/____ **Country of Birth** _____

Gender
 Male Female

Nationality
Citizenship : _____
Country of Permanent Residence : _____
DUAL CITIZENSHIP: _____ (write the other citizenship)
If your other citizenship is Filipino, submit a photocopy of your Philippine Passport or Identification Certificate of Recognition (ICR).
If you are born in the Philippines and one or both parents is/are Non-Filipino, submit a photocopy of your Philippine Passport.

Passport and Visa Details of Applicant
Passport Number : _____ Place Issued : _____
Date Issued : _____ Expiry Date : _____
Please attach a photocopy of your ACR, 9G Visa, SIRV or SRRV.
Please tick when applicable:
 ACR
 9G (Working Visa)
 SIRV (Special Investor's Resident Visa)
 SRRV (Special Retiree's Resident Visa)
 Others _____

Special Study Permit (for non-resident foreigners)
Do you have a previously issued Special Study Permit? Yes No for School Year: _____
If no, are you willing to allow RIS to process your SSP with the appropriate fees? Yes No

Disabilities

Do you have an impairment, disability or long term medical condition? Yes No

If yes, does your impairment, disability or medical condition affect your study? Yes No

What is your impairment, disability or medical condition? Please tick one or more of the following:

1. Hearing 4. Attention Deficit Disorder 7. Other (please specify)

2. Autism 5. Learning Disability _____

3. Speech 6. Physical Impairment _____

Please describe your impairment, disability or medical condition.

Permanent Home Address of Applicant

Address: _____ Landline: _____

_____ Mobile No.: _____

State/Province: _____

Country: _____

Correspondence Address (if different from Permanent Home Address)
RIS will use this address to contact you.

Address: _____ Landline: _____

_____ Mobile No.: _____

State/Province: _____

Country: _____

Applicant's Email Address

Contact Person in Case of Emergency

Name: _____ Relationship: _____

Email address: _____ Landline: _____

_____ Mobile No.: _____

2. FAMILY INFORMATION

Student's parents are : Married Living Together Separated

Divorced Annulled Legally Separated

Student is living with : Both parents Father Mother

Guardian

Information about Father	Information about Mother
Title _____ Mr. _____ Dr. _____ Atty. _____ Engr.	Title _____ Ms. _____ Mrs. _____ Dr. _____ Atty. _____ Engr.
Father's Full Name	Mother's Full Name
(Last Name) _____ (First Name) _____ (M.I.) _____	(Last Name) _____ (First Name) _____ (M.I.) _____
<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Citizenship: _____	Citizenship: _____
Country of Birth: _____	Country of Birth: _____
Home Address (if different from Applicant's permanent address): _____ _____	Home Address (if different from Applicant's permanent address): _____ _____
Residence Phone Number : _____	Residence Phone Number : _____
Mobile No: _____	Mobile No: _____
Email : _____	Email : _____

Father's Occupation	Mother's Occupation
Company: _____	Company: _____
Position : _____	Position : _____
Company Address : _____ _____	Company Address : _____ _____
Business Phone Number : _____	Business Phone Number : _____

If the parent/s is/are foreigner/s, please indicate your passport and visa details below:

Father's Passport No. _____ Mother's Passport No. _____

Date Issued : _____ Expiry Date : _____ Date Issued : _____ Expiry Date : _____

Place Issued : _____ Place Issued : _____

Type of VISA : Please tick the appropriate box and attach a photocopy of your Visa.

<input type="checkbox"/> 9G (Working Visa)	<input type="checkbox"/> 9G (Working Visa)
<input type="checkbox"/> SIRV (Special Investor's Resident Visa)	<input type="checkbox"/> SIRV (Special Investor's Resident Visa)
<input type="checkbox"/> SRRV (Special Retiree's Resident Visa)	<input type="checkbox"/> SRRV (Special Retiree's Resident Visa)
<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____

If you have an ACR (Alien Certificate of Registration), attach a photocopy of the front and back of ACR.

If you have an ACR (Alien Certificate of Registration), attach a photocopy of the front and back of ACR.

Guardian's Information

Are you living with a guardian? YES NO

Guardian's Full Name : _____ Relationship to Applicant : _____

(If you will be living with the guardian, you are required to submit a Notarized Affidavit of Guardianship.)

Guardian's Address : _____ Telephone No.: _____

Siblings

Name	Age	Status	Occupation

3. SCHOLASTIC INFORMATION

Current School

School Address : _____

Current Grade Level : _____ Number of Years Attended : _____

Write ALL SCHOOLS ATTENDED.

Previous Schools Attended	Location	Level	Dates Attended