



APPLICANT'S INFORMATION SHEET

NOTE: Please write in **CAPITAL LETTERS**. Complete all sections of this Application Form.

Is this your first time to apply in RIS?

Yes No, I applied in SY: _____

Mode of Inquiry/Date

Phone or Cellphone: _____
 Walk-in: _____
 Online (FB, Instagram, LinkedIn) please specify: _____
 Email: _____

How did you find out about RIS?

Referred by: _____ Contact no: _____
 Relation to Applicant: _____
 Website (How were you directed to the website?)
 Search Engine Social Media
 Print Advertisements Referral
 Blogs/Article (please specify): _____
 Newspaper Ad/Magazine Ad (where?): _____
 Billboard Ad/Signs (where?): _____
 Events (where?): _____
 Social Media: _____
 Search Engine (Google, Yahoo, etc): _____
 Others: _____

TO BE FILLED OUT BY REEDLEY PERSONNEL ONLY

SCHOOL YEAR: _____

APPLICANT NO. _____

Application Date: _____ Exam Date: _____

Level:

Senior High School 11 12 Track: _____
 Junior High School 7 8 9 10
 Middle School 4 5 6
 Lower School 1 2 3
 Kindergarten Pre-K K

Program Type: BCP CIAP PGLP ESL

Student Type: Filipino Dual Citizen Foreign

Nationality: _____

1. PERSONAL DETAILS

Write the name that appears on the BIRTH CERTIFICATE.			Attach 2x2 ID picture with white background. (Should be taken in the past 6 months.) Please print the name of the applicant at the back of the picture.
LAST NAME:			
FIRST NAME:			
MIDDLE NAME:			
DATE OF BIRTH:	GENDER:	AGE:	
PLACE AND COUNTRY OF BIRTH:			
HEIGHT (IN CM):	WEIGHT (IN KG):		
NATIONALITY:	RELIGION:		
COUNTRY OF CITIZENSHIP:			
COUNTRY OF PERMANENT RESIDENCE:			

PASSPORT, VISA, SSP AND I-CARD DETAILS OF APPLICANT (for Foreign Students)

Photocopy of passport submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Passport Number: _____ Place Issued: _____ Date Issued: _____ Expiration Date: _____ If ACR is already available: ACR No. _____ ACR Expiry Date: _____ Date of Latest Arrival in the Philippines: _____	Do you have a previously issued Special Study Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a previously issued I-Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Issue: _____ Place of Issue: _____ Expiration Date: _____
--	---

DETAILS OF VISA AND OTHER DOCUMENTARY REQUIREMENTS (for Foreign and Dual Citizens)

<u>For Foreign Students</u> <input type="checkbox"/> Tourist (9A) <input type="checkbox"/> Student Visa (9F) <input type="checkbox"/> Documentary Visa (9E-2) <input type="checkbox"/> Pre-arranged (9G) <input type="checkbox"/> Special Non-Immigrant (4792) <input type="checkbox"/> Retiree's Visa (SSRV) <input type="checkbox"/> Missionary <input type="checkbox"/> Balikbayan <input type="checkbox"/> Others: _____ Serial No. _____ Date of Issue: _____	<u>For Dual Citizens</u> <input type="checkbox"/> Photocopy of Certificate of Recognition Date of Issue: _____ Place of Issue: _____ <input type="checkbox"/> Photocopy of Certificate of Reacquisition of Citizenship Date of Issue: _____ Place of Issue: _____ <input type="checkbox"/> Photocopy of Naturalization Certificate Date of Issue: _____ Place of Issue: _____
--	---

HEALTH CONDITION AND DISABILITIES

Has your CHILD/WARD been diagnosed for any Special Needs Education (SPED) case or any long-term medical condition?

Yes No

If yes, does your CHILD/WARD's impairment, disability or medical condition affect his/her study?

Yes No

What is your impairment, disability or medical condition? Please check all that apply:

- Hearing Attention Deficit Disorder (ADD) Physical Impairment
 Autism Attention Deficit and Hyperactivity Disorder (ADHD) Others, please specify _____
 Speech Learning Disability

DISCIPLINARY CASES

Has your CHILD/WARD been involved in any disciplinary case/cases in any of his/her previous schools?

Yes No

If yes, please indicate the disciplinary sanction incurred by the CHILD/WARD: _____

NAME OF SCHOOL	NATURE OF CAUSE	DATE FILED	DECISION ON CASE	DATE OF DECISION

PRESENT ADDRESS (address in the Philippines)

Address: _____

State/Province: _____ Landline: _____

Mobile no: _____ Email Address: _____

FOREIGN ADDRESS (address outside the Philippines)

Address: _____

State/Province: _____ Landline: _____

Mobile no: _____ Email Address: _____

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

State/Province: _____ Landline: _____

Mobile no: _____ Email Address: _____

2. FAMILY INFORMATION

Applicant's parents are:

Married Not Married Living Together Separated

Applicant is living with:

Both parents Father Mother Guardian

Combined family income:

Php 500,000 - Php 1,000,000 Php 1,000,001 - Php 2,000,000

Php 2,000,001 - Php 3,000,000 Above 3,000,000

Applicant's tuition fee paid by:

Both parents Father Mother Guardian

FATHER'S INFORMATION

Living Deceased

Title: Mr. Dr. Atty. Engr.

Last Name: _____

First Name: _____

Middle Name: _____

Citizenship: _____

Country of Birth: _____

Home Address (if different from Applicant's permanent address): _____

Residence Phone no: _____ Email Address: _____

Mobile Phone no: _____

MOTHER'S INFORMATION

Living Deceased

Title: Ms. Mrs. Dr. Atty. Engr.

Last Name: _____

First Name: _____

Middle Name: _____

Citizenship: _____

Country of Birth: _____

Home Address (if different from Applicant's permanent address): _____

Residence Phone no: _____ Email Address: _____

Mobile Phone no: _____

FATHER'S OCCUPATION

MOTHER'S OCCUPATION

Company: _____
 Position: _____
 Company Address: _____

 Business Phone no: _____
 Business Email Address: _____

Company: _____
 Position: _____
 Company Address: _____

 Business Phone no: _____
 Business Email Address: _____

GUARDIAN'S INFORMATION

Is your child living with a guardian?
 Yes No
 Guardian's Full Name: _____
 Relationship to the Applicant: _____
 Guardian's Address: _____

Occupation: _____
 Company Name: _____
 Telephone no: _____
 Mobile no: _____
 Email Address: _____

(APPLICANTS WHO WILL BE LIVING WITH A GUARDIAN IN THE DURATION OF THE SCHOOL YEAR ARE REQUIRED TO SUBMIT A NOTARIZED AFFIDAVIT OF GUARDIANSHIP.)

SIBLINGS' INFORMATION

NAME	AGE	DATE OF BIRTH	STATUS	OCCUPATION	COMPANY/SCHOOL

3. SCHOLASTIC INFORMATION

CURRENT SCHOOL'S NAME

School Address: _____
 School's Contact no: _____ School's Email Address: _____
 Current Grade Level: _____ Number of Years Attended: _____

PREVIOUS SCHOOLS ATTENDED (if any)

LEVEL	NAME AND ADDRESS OF SCHOOL	LEVELS COMPLETED	YEARS OF STAY

HONORS AND AWARDS RECEIVED FROM PREVIOUS SCHOOLS

SCHOOL	HONORS AND AWARDS (ACADEMIC)	HONORS AND AWARDS (EXTRA-CURRICULAR)

4. ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No, my first language is _____
 What language(s) do you speak at home? _____

5. ALUMNI RELATIONS

RELATIVES WHO ARE ATTENDING OR HAVE ATTENDED REEDLEY INTERNATIONAL SCHOOL

NAME	RELATIONSHIP	SCHOOL YEAR ATTENDED

6. REASONS FOR CHOOSING REEDLEY

Please RANK from 1-10 your reason for choosing Reedley (1 being the TOP reason)

- | | | |
|--|---------------------------------------|---|
| _____ International Accreditation (WASC) | _____ Anti-Bullying Program | _____ 100% Passing Rate to Top 5 Local and Foreign Colleges |
| _____ US Standards in English and Social Studies | _____ Life Skills Program | _____ Difficulty in Filipino, Araling Panlipunan and similar subjects |
| _____ Singaporean Math and Science | _____ Small Class Size | _____ Mix of Progressive and Traditional Approach |
| _____ International Curriculum | _____ Proximity to home/work location | |
| | _____ Kids are happy in Reedley | |
- Others: _____

7. DECLARATION AND SIGNATURE

The information on this form is supplied by me on the understanding 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;
- It may be used for the purposes of statistical information in the school;
- I have the right to see and correct, if necessary, the information I have provided;
- I have read and fully understood the restrictions and guidelines of this application;
- I understand and agree that if I furnish incorrect or incomplete information on this application or in connection with this application, it may result in my admission being denied or revoked, or in my suspension or expulsion from the school;
- I understand and agree that failure on my part to complete admission requirements will nullify my eligibility to enroll;

I am aware that all admitted applicants will be considered officially enrolled only upon completion of admission requirements and enrollment credentials. 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 are 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.

Student's Signature over Printed Name: _____ Date: ___/___/___

Parent's Signature over Printed Name: _____ Date: ___/___/___

Guardian's Signature over Printed Name: _____ Date: ___/___/___

Credentials submitted 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, sexual orientation, national origin, age or disability and prohibits such discrimination by its students, faculty and staff.

Reedley International School
 No. 2 Caparas St., Brgy. Ugong Pasig City, Metro Manila, Philippines, 1604
 (+6328) 571-5291 • (+63) 917-507-9306
 ris@reedleyschool.com • www.reedleyschool.edu.ph

Western Association of Schools and Colleges (WASC) 533
 Airport Boulevard, Suite 200 Burlingame, CA 94010-2009
 Phone: 650.696.1060 • Fax: 650.696.1867
 mail@acswasc.org

