



Application for Kindergarten Level

S.Y 2021-2022

- * Please include a 2 x 2 photo of your child
- * Please include payment of 5,000 Php with your child's application
- * Kindly read and complete all details-if not applicable please write N/A

FOR OFFICE USE ONLY	
Form Details	<input type="checkbox"/> Completed
Application Requirements	<input type="checkbox"/> Completed
Interview Status	<input type="checkbox"/> Completed
Reviewed by	
Date Reviewed	
Admission #	

Date (MM/DD/YYYY)



Section A

Student Information

Student's Name			Nickname:
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Date of Birth (MM/DD/YYYY)	Place of Birth	Gender	Citizenship
Complete Residential Address	Home Number	Religion	



Section B

Family Information

Father or Guardian #1's Name			Nickname
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Relationship to Applicant		Highest Educational Attainment & School	
Name of Employment	Position	Office Tel.	Office Address
Preferred Email (This email will receive school bulletins and announcements)		Mobile Number	



Section B
Family Information

Mother or Guardian #2's Name			Nickname
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Relationship to Applicant		Highest Educational Attainment & School	
Name of Employment	Position	Office Tel.	Office Address
Preferred Email (This email will receive school bulletins and announcements)		Mobile Number	

Sibling Information			
Name	Date of Birth (MM/DD/YYYY)	Gender	School

Section C
Personality

Use three words to describe your child	Please tell us about your child's interests.
How does he spend his free time?	How does he/she spend his free time?
What toys/games/activities does your child like to play with?	Does your child have any fears or anxieties?
Does your child respond to adult direction, limit setting, and rules? (Listen wells, Follows directions, Somewhat responsive, Needs constant reminders)	How does your child enter new or unfamiliar situations? (Independently joins, Initially hesitant until comfortable, Always clings to a familiar adult)



Section D:
Self-help skills

Most of the time, can your child do the following?

Feed self with fork and spoon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wash and dry hands independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Express wants and needs easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Express wants and needs easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use toilet independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dress self independently or with some assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Separate from a parent easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Further explain/ comment on any skill component.

Section E:
Developmental Skills

Most of the time, can your child do the following?

Use crayons, markers to draw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Express self in a way that is understood by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Follow simple directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Turn pages of a book and look at the pictures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recall and/or retell stories and events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage with other children easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Further explain/ comment on any skill component.

Section F
Social Developmental Skills

Most of the time, can your child do the following?

Stick to one activity (e.g., listens to a story) for at least 15 minutes at a time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accept limits without getting upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Play well with other children (e.g., Takes turns and shares)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stop an activity when told to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do what is asked by a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Separate easily from parent/caregiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has temper tantrums?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is easily frustrated and cries often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notice other peoples' feelings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Wait to hear the whole question before answering? Yes No

Like to be around other people? Yes No

Further explain/ comment on any skill component.



Section G
School History

<p>Has your child previously attended school (including part-time programs?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details about your child's previous schooling:</p>	<p>Did the previous school express any areas of attention regarding your child's academic and behavior needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>
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Section H:
Summary

<p>Is there any other information you would like to share that is relevant to your child?</p>
<p>What do you expect your child to accomplish this year.</p>

Section I:
Parent/s Declaration

<p>I/we confirm the details provided in this application form are correct and I/we understand that this application is the first stage in the process of applying to the The Discovery Academy of Innovation and does not guarantee placement. I have disclosed ALL required and relevant information in full detail in order for the school to provide the best education for the child.</p>	
<p>Mother / Guardian's signature</p>	<p>Father / Guardian's signature</p>
<p>Date (MM/DD/YYYY)</p>	<p>Date (MM/DD/YYYY)</p>