



**APPLICATION FORM for School Year \_\_\_\_\_ :**

1. Please check the grade level your child is applying for:

Early Learning	Lower grades	Middle Grades	Junior High	Senior High
<input type="checkbox"/> Nursery	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10
<input type="checkbox"/> Kinder	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 11
<input type="checkbox"/> Prep	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12

Place 2"x2"  
ID Picture  
here

2. Student's Personal Information:

Student's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Home Address: \_\_\_\_\_

Address in the Philippines: \_\_\_\_\_

Gender:  Male  Female      Birth Date: \_\_\_\_\_      Birth Place: \_\_\_\_\_

□□□□□      Nationality: \_\_\_\_\_      Religion: \_\_\_\_\_

3. Family Information:

FATHER	MOTHER
Full Name _____ <small>Last Name, First Name, Middle Name</small>	Full Name _____ <small>Last Name, First Name, Middle Name</small>
Contact Number _____ <small>Mobile / Tel. no. at work</small>	Contact Number _____ <small>Mobile / Tel. no. at work</small>
Email Address _____	Email Address _____
Occupation _____	Occupation _____
Number of Siblings: _____	Student's Order of Birth: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Others: _____
<i>In case the student is under the care of an authorized guardian, please fill out item no.6 of this form</i>	
Guardian's Full Name _____ <small>Last Name, First Name, Middle Name</small>	
Residence Address (in Manila): _____	
Contact Number: _____	Email Address _____
Relationship to Student: _____	Occupation _____

4. Previous School Information:

Name of Previous School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Last Grade Level attended \_\_\_\_\_ School Year Attended: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

5. Health Information: Medical and Academic Related

Student's Health Concerns: (Please tick applicable box)

Allergies      [ ] Yes [ ] No      Physical Difficulties      [ ] Yes [ ] No      \*Emotional Difficulties      [ ] Yes [ ] No

Medical Condition      [ ] Yes [ ] No      \*Learning Difficulties      [ ] Yes [ ] No      \*Behavioral Challenges      [ ] Yes [ ] No

Please provide details: \_\_\_\_\_

\_\_\_\_\_

\*Please note that if during the school year, your child exhibits certain behaviors or academic difficulties that in the judgment of the school require special interventions (through medical and/or academic support program), then you will be invited to meet your child's learning support team. In cases wherein a student will be referred to a Developmental Pediatrician by the learning support team, parents /guardians must comply without delay. Final recommendation will be given and discussed by the learning support team to the parents. A corresponding fee would be implemented in the event that a major learning support program is needed such as Special Education (SpEd) accommodation, ESL class, Pull-out class, etc. Non-compliance to the learning support decision may result to non-acceptance of the student to the succeeding school year.

**6. Guardianship Information:** Please fill out if your child is under the care of a guardian together with the Guardianship form

This is to inform AIS that we, the undersigned, as parent(s) of \_\_\_\_\_, presently enrolled in Grade: \_\_\_\_\_, School Year: \_\_\_\_\_, have assigned guardianship rights to the guardian listed in this document, and we agree that in the first instance AIS should address any communication or concern with respect to our child to this abovementioned guardian. We further understand that if we change our child's guardianship, at any point during the school year then we must complete a new AIS guardianship form immediately.

\_\_\_\_\_  
 Mother's signature over printed name

\_\_\_\_\_  
 Father's signature over printed name

\_\_\_\_\_  
 Date signed

**7. Student Pick-Up Information:**

**Pick-Up Scheme 1: Required ELC and Gr 1-6 students**

I authorize the persons listed below to pick up my child from *Aguinaldo International School*.

The following precautions on student pick-up are intended to ensure the safety of your child.

- AIS will **NOT** release your child unless someone that you have listed below picks them up. Please notify the people in your list that a valid I.D. with picture is required for pick up.
- If you want your child to be picked up by someone that is not on your list then we require a written note before the end of the school day. We cannot accept phone call for pickup changes.

**Please list your authorized pickup persons here:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Pick-Up Scheme 2: For High School Students only**

I authorize my child to go home alone; we will make necessary arrangements to ensure safety of his/her travel home; and we waive AIS from any liability resulting to this scheme.

**8. Survey**

**Please tick applicable box:**

Please indicate how you knew about AIS:  Referral  Website  Social Media  Flyers/Posters

If referral, please indicate the name of the referrer: \_\_\_\_\_

Would you allow AIS to use photos of your child for school promotions:  Yes  No

**10. Parent/Guardian agreement:**

I the undersigned, as a parent/guardian of \_\_\_\_\_, verify to Aguinaldo International School (AIS) that all the information provided on this application form is correct and; that I understand and agree to comply with all AIS policies related to the information stated on this form.

By signing this application form, I expressly agree and give my consent to AIS without need of notice, to the AIS's collection, recording, use, storage, consultation, updating, blocking, erasure, destruction, and processing of my child and that of my personal data where a legitimate educational or institutional interest exists in its determination (e.g., participation in research and surveys, maintaining directories and alumni records, sharing of grades between and among faculty members for academic deliberations, evaluating student homework, quizzes, examinations, presentations, investigating incidents, communicating school announcements, participation in competitions and programs, etc.), set out in its official forms and/or provided by me in the course of the implementation of its programs/ school services, compliance with the regulatory and legal requirements and/or to any applicable laws and to the AIS's disclosure of any such information relating to my child and to me to any or all of the following: (i) its directors, officers, employees, consultants, advisers, agents and authorized representatives, (ii) its parent, subsidiaries and affiliates, (iii) such other persons or entities we have engaged to perform our services with you (e.g., sharing of your personal data in research and survey studies, live-streaming of AIS events, advertising to promote AIS, posting/ publishing communications, photos & videos in AIS's website and publication, social media, bulletin boards, brochures, newspaper, SMS text messaging, public places, etc.), and (iv) as permitted or required by law.

I hereby agree that any issue that may arise in connection with the use, disclosure or processing of my child and that of my personal data will be settled amicably with AIS before resorting to the appropriate or proper body, tribunal or court.

Further, under the foregoing, I do hereby expressly agree and consent to the privacy policy of AIS and the data privacy laws of the Philippines and agree to hold the AIS, its affiliates, its directors, officers, employees, consultants, advisers, agents and authorized representatives, free and harmless from any actions, damages and suits of whatever kind and nature in relation with my confirmation, declaration and consent hereof.

\_\_\_\_\_  
 Signature of Parent/Guardian over Printed Name

\_\_\_\_\_  
 Date