



## APPLICATION FORM

DATE OF APPLICATION

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH / DAY / YEAR

Photo  
2 x 2  
Colored  
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### STUDENT INFORMATION

Name							
LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME				
Date Of Birth <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> MONTH DAY YEAR					Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Place Of Birth (City, Country)	Citizenship (If Dual, Provide Copies of Both Passports)
Residential Address in the Philippines			Home Phone Numbers				
Mailing Address in the Philippines for Billing Statements, Notices, and other School Correspondence <input type="checkbox"/> Same as Residential							

The student will be living in the Philippines with (check all that apply):

Mother     Father     Legal Guardian (name): \_\_\_\_\_  
 Step-Mother     Step-Father    Relationship to Student: \_\_\_\_\_

\*Note: Please provide a notarized Affidavit of Guardianship

Is English your child's first language?       Yes       No

Please estimate your child's English level

SKILL	VERY GOOD	GOOD	AVERAGE	LIMITED
READING				
WRITING				
SPEAKING				
LISTENING				

Is Mandarin your child's first language?  Yes  No

Please estimate your child's Mandarin level

SKILL	VERY GOOD	GOOD	AVERAGE	LIMITED	NONE
READING					
WRITING					
SPEAKING					
LISTENING					

If neither, what is the first language used at home? \_\_\_\_\_

OTHER languages spoken at home: \_\_\_\_\_

<p>Does your child, to your knowledge, have any learning disabilities?</p> <p>If yes, please give details and provide the latest assessment report(s)</p> <hr/> <hr/>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Has your child ever repeated a grade level or a class?</p> <p>If yes, please give details</p> <hr/> <hr/>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Has your child ever received remedial help in previous schools? (i.e., Speech Therapy, Remedial Reading, Special Education, etc.)</p> <p>If yes, please give details and provide documentation</p> <hr/> <hr/>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Has your child had any behavior/disciplinary problems at previous schools?</p> <p>If yes, please give details</p> <hr/> <hr/>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Does your child have special needs?</p> <p>If yes, please give details and provide copies of reports</p> <hr/> <hr/>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Has your child ever participated in advanced classes? (i.e., Gifted and Talented, Advanced Writing, Mathematics Honors, etc.) If yes, please give details and provide documentation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child have special talents or interests? (i.e., Vocal, Drama, Art, Dance, Athletics, Musical Instrument, etc.) If yes, please give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is there any other information that you think the teacher should know about your child? If yes, please give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**KINDLY LIST ALL SCHOOLS THAT YOUR CHILD HAS ATTENDED**

Name of School, Country	Academic Year month/yr to month/yr	Grade Level	Language of Instruction
	To		
	To		
	To		
	To		
	To		
	To		
	To		
	To		

**PARENT/LEGAL GUARDIAN INFORMATION**

Father       Legal Guardian  
 Step-Father

Last Name		First Name		Middle Name	
Citizenship (Passport)			Philippine Visa Status		
Employer or Organization					
Employer's Address					
Type of Business/Industry			Position		
Office Phone Number(s)			Cell Phone Number		
Email Address					

Mother       Legal Guardian  
 Step-Mother

Last Name		First Name		Middle Name	
Citizenship (Passport)			Philippine Visa Status		
Employer or Organization					
Employer's Address					
Type of Business/Industry			Position		
Office Phone Number(s)			Cell Phone Number		
Email Address					

**EMERGENCY CONTACT INFORMATION**

Name	Relationship to Child
Address	
Home Phone(s)	Office Phone(s)
Cell Phone	E-mail

Failure to provide complete and accurate information of any kind on the Application Form will void the application and could result in the student being permanently dropped from the roster of Chinese International School Manila after being enrolled. CISM reserves the right to determine the placement of the applicant in the grade level or class deemed most appropriate for the student.

We attest that the information submitted on this form is true and correct.

\_\_\_\_\_  
Signature of Father/Guardian  
(print name over signature)

\_\_\_\_\_  
Signature of Mother/Guardian  
(print name over signature)

\_\_\_\_\_  
Date