



PLAYSCHOOL TWIN OAKS

APPLICATION FORM

School Year _____ - _____

TO BE FILLED UP BY THE RAYA SCHOOL STAFF

Interview Date:	Accepted:
Rescheduled:	Waitlisted:
Sit-in Date:	For reconsideration:
Assesment Date:	

PHOTO
OF STUDENT

Date of Application:

Application for:

STUDENT APPLICANT

Last Name	First Name	Middle Name	Extension Name (ex. Jr. II)
Nickname/Preferred Name	Date of Birth (MM/DD/YYYY)	Place of Birth (City,Country)	Gender
Citizenship	Language/s spoken at home	Religion/Faith	
Home Address: (House no./Street/Village)	Barangay/Municipality	Home Telephone	

FAMILY INFORMATION

PARENT 1/GUARDIAN 1: (RELATIONSHIP TO CHILD _____)

Last Name	First Name	Middle Name
Nickname	Nationality	Religion
Home Address	Office Name and Address	
Telephone Numbers: Home: _____ Office: _____	Mobile Phone E-mail	Occupation

PARENT 2/GUARDIAN 2: (RELATIONSHIP TO CHILD _____)

Last Name	First Name	Middle Name
Nickname	Nationality	Religion
Home Address	Office Name and Address	
Telephone Numbers: Home: _____ Office: _____	Mobile Phone E-mail	Occupation

NAME OF CHILD/REN	AGE	DATE OF BIRTH	CURRENT SCHOOL	CURRENT LEVEL

1. Has your child ever repeated or skipped a grade/class/year level? YES ☐ NO ☐

If YES, please give details _____

2. Has your child received remedial assistance in the previous school? YES ☐ NO ☐

If YES, please give details _____

3. Does your child have any special educational needs? YES ☐ NO ☐

If YES, please give details and provide copies of any previous assessment reports _____

4. Does your child have any special concerns (e.g. speech, language, health, learning disability, others)? YES ☐ NO ☐

If YES, please give details _____

5. Has your child ever consulted a Development Pediatrician? YES ☐ NO ☐

If YES, Name of Development Pediatrician: _____

Hospital Affiliation : _____

Date of Last Visit : _____

6. Has your child worked with any of the following allied medical practitioners & specialists? YES ☐ NO ☐
Please check all that is applicable and write the name of the specialist.

☐ Physical Therapist: _____

☐ Occupational Therapist: _____

☐ Speech Therapist: _____

☐ Reading Specialist: _____

☐ Others: _____

7. Has your child had any behavioral/disciplinary challenges at the previous school? YES ☐ NO ☐

If YES, please give details _____

Name of Student Applicant: _____

EDUCATIONAL HISTORY

Current/Most Recent School		Website
Levels Attended	Last Level Completed	Last month/year attended
School Address		Name of School Head: _____
		Email add: _____
		Name of Adviser: _____
		Email add: _____

OTHER SCHOOLS ATTENDED

Name of School and Address	Type of School (Preschool, Elementary, High School)	Attended		Level	Medium of Instruction
		From Month/Year	To Month/Year		

EMERGENCY CONTACT INFORMATION (ASIDE FROM PARENTS/GUARDIANS)

Full Name		Relationship to child
Address		
Telephone Numbers: Home: _____ Office: _____	Mobile Phone	E-mail

Name of Student Applicant: _____