



GOOD SHEPHERD CHRISTIAN SCHOOL
71 I. Lopez St., City of Mandaluyong

STUDENT APPLICATION FORM
(Secondary Level)

Control No. _____

Date of Exam: _____

O.R. No.: _____

PERSONAL DATA:

Name : _____ Grade & Section: _____

Address: _____

Age: _____ Gender : _____ Nationality: _____ Tel. No. Land Line: _____ Mobile: _____

Birth Date : _____ Birth Place: _____ Sibling Rank: _____ Religion: _____

Living with (Pls. check) : Parents Grandparents Relative (Pls. specify relationship) Guardian

FAMILY BACKGROUND

Father's Name: _____ Age: _____ Occupation: _____

Educational Attainment: _____ Tel. No. _____ Mobile No. _____ email add.: _____

Present Address: _____

Mother's Name: _____ Age: _____ Occupation: _____

Educational Attainment: _____ Tel. No. _____ Mobile No. _____ email add.: _____

Present Address: _____

Parents are : (Pls. check) : Living together Separated Others

Guardian's Name : _____ Relationship with Guardian : _____

Number of siblings: _____

EDUCATIONAL BACKGROUND

Grade/Year Level	Name of School	Inclusive Dates of Attendance	Distinction/Awards Received
Pre-School			
Elementary			
Secondary			

OTHERS:

Clubs/organizations you have joined: _____

What subject/s do you like most and why? _____

What subject/s do you find most difficult and why? _____

What are your skills/talents? _____

What is your ambition in life? _____

What activity in school do you find most interesting and why? _____

Who is your favourite teacher and what makes you like him/her? _____

What are some of your expectations at Good Shepherd Christian School? _____

State briefly in your own words the value of education for you. _____

What are some of the things you plan to do in order to achieve your ambition in life? _____

Student's Profile for Guidance and Counselling:

I hereby certify that all information written above is true and correct.

Signature over Printed Name

Date

FOR GUIDANCE USE ONLY

Assessment: _____

Interviewed by: _____

Date: _____

OTHER NOTES:

FAMILY APPLICATION FORM

(Please write CLEARLY)

A. Parent/Guardian Information

Family	Last Name, First Name, and Middle Name	M.I.	Occupation	Contact Number
Father				
Mother				
Guardian				

B. Home Address

No. and Street	City /Town/Province	Contact Number

C. Marital Status (Please check one)

Father : - First Marriage - Widowed - Separated - Unmarried - Remarried
Mother: - First Marriage - Widowed - Separated - Unmarried - Remarried

D. We would like to enroll the following children to begin _____(month) _____(year).

	Name of Children (First, Middle, Last)	Grade to Enter	Enrolled in GSCS previously (year)	Age / Birthday	Our child by: (Birth, Adoption, Previous Marriage)
1.					
2.					
3.					
4.					
5.					

E. Names and ages of all other children in the family:

F. We previously applied to GSCS in _____(year)

G. The following applicants have repeated grade (Pls. list name and grade repeated:

H. Has any of the applicants been in serious disciplinary difficulty, suspension, probation, police record, expulsion? Yes No If yes, please give details.

I. Statement of Personal Christian Experience and Faith:

Father: _____

Mother: _____

J. Church or denominational affiliation

Father: Church now attending		Regular <input type="checkbox"/> Not Regular <input type="checkbox"/> Seldom <input type="checkbox"/>
Mother: Church now attending		Regular <input type="checkbox"/> Not Regular <input type="checkbox"/> Seldom <input type="checkbox"/>

K. Who referred you to Good Shepherd Christian School? _____

L. Other personal references:

Name/s	Address	Contact No.

M. Please state in detail why you wish your child/children to attend GSCS.

Signature of Respondent Parent/Guardian