



APPLICATION FORM

SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY
BF Homes, Quezon City

No.

1 x 1
Photo

STUDENT INFORMATION

Family Name	<input type="text"/>	Grade Applying for	<input type="text"/>
Given Name	<input type="text"/>	Date of Birth	<input type="text"/>
Middle Name	<input type="text"/>	Place of Birth	<input type="text"/>
Home Address:	<input type="text"/>	Nationality	<input type="text"/>
Tel. No.	<input type="text"/>	Religion	<input type="text"/>

	Name of School/Address	Year/Grade Level	School Year
Last School Attended	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Father	Mother	Authorized Guardian
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthplace	<input type="text"/>	<input type="text"/>	<input type="text"/>
Religion	<input type="text"/>	<input type="text"/>	<input type="text"/>
Educational Attainment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company/ Office Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parents' Status: Married _____ Separated _____ Others _____

Brothers and Sisters	Name	School Attending/Attended	Level Attending/Degree	Occupation
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>
Date	<input type="text"/>
Signature of Father	Signature of Mother



SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY
BF Homes, Quezon City

MEDICAL RECORD

NAME (PRINT) _____
(Surname) (Given Name) (M.I.) (Level) (School year)

DATE OF BIRTH _____ PLACE OF BIRTH _____

PARENTS _____
(Father) (Mother)

Occupation _____
 Name of Company _____
 Office Address _____
 Telephone Number _____

HOME ADDRESS _____ Tel. No. _____

Persons to be notified if parents cannot be reached in an emergency: _____
(Address) (Tel. No.)

PAST MEDICAL HISTORY: (Check if child had the following and give dates)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Allergy (specify) | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hernia | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epistaxis | <input type="checkbox"/> H-Fever | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Bleeding Tendency | <input type="checkbox"/> Fracture | <input type="checkbox"/> Kidney Disease/UTI | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Gastritis | <input type="checkbox"/> Measles | <input type="checkbox"/> Others |
| <input type="checkbox"/> Congenital Anomalies | <input type="checkbox"/> German Measles | <input type="checkbox"/> Meningitis | _____ |
| <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mumps | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic Fever | _____ |

Remarks _____

MENSTRUAL HISTORY

Menarche (date of onset of menstruation) _____
 Duration _____ Interval _____
 Dysmenorrhea and associated symptoms _____ If yes, medicine given _____

HISTORY OF PAST OPERATIONS OR SERIOUS PHYSICAL INJURIES, IF YES, WHAT AND WHEN?

Is there any specific ailment your child suffers from or any specific medication your child needs?
 Please specify _____

If yes, she is required to bring along her medicines. This will be properly labeled and kept in school clinic for her own use if needed.

NAME OF MEDICINES USED IN CASE OF:

Fever _____ LBM _____ Colds _____
 Headache _____ Abdominal Pain _____ Cough _____
 Allergy _____

IMMUNIZATIONS

	Date	Date	Date	Booster	Booster	Booster
DPT						
TOPV						
BCG						
Measles						
MMR						
Hepatitis A						
Hepatitis B						
Varicella						
Typhoid						
H. Influenza B						
Others						

Permission is granted to the School Medical Staff to administer emergency care and treatment as medical needs arise.

_____ Date

_____ Signature of Parent over Printed Name



ACADEMIC RECORD AND PRINCIPAL'S RECOMMENDATION

SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY
BF Homes, Quezon City
COMMITTEE ON ADMISSIONS

Name of Applicant _____
(Name accordg. to birth certificate) Last First Middle Name

Year/Grade Applying for _____

To the PRINCIPAL:

The above named student is seeking admission to the **School of the Holy Spirit of Quezon City**. Your assistance in providing us with relevant information about the applicant would be very much appreciated. It is important that the form be filled out **CAREFULLY** and **COMPLETELY**.

All information will be kept confidential.

Please type or print all information legibly. After filling out the form, please **seal it in an envelope, sign the flap and return to the applicant.**

Thank you for your assistance.

ACADEMIC RECORD

Quarter	Filipino	Social Studies	English	Science	Math	Music/ Art	PE	HELE/ THE	Conduct
FIRST QUARTER									
SECOND QUARTER									
GENERAL AVERAGE (as of the second quarter)									

1. SCHOLASTIC STANDING

- Top 10 percent
- Upper 25 percent of the class
- Upper 50 percent of the class
- Belongs to third quarter of the class
- Belongs to bottom 25 percent

2. TYPE OF SECTION

- Honors
- Semi-Honors
- No Honors Section

3. TYPE OF SCHOOL

- Public
- Private Sectarian
- State University
- Private Non-Sectarian

PRINCIPAL'S RECOMMENDATION

1. Is the applicant a candidate for honors? Yes No
2. Has the applicant ever been subject to disciplinary action? If yes, please explain why (indicate the offense, date, penalty) and give your assessment of the student at this time.

3. Has the applicant failed any subject in previous school years? Please give subject(s) and grade(s) obtained.

Not valid
without school seal

Signature of respondent _____
Printed name _____
Position _____
School _____
School Address _____
Telephone/Fax Nos. _____

LEVEL III
PAASCU ACCREDITED

Office of the Registrar
SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY
BF Homes, Quezon City
Tel. 932-3729 Fax 931-4047



SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY
F. Sotto Street, BF Homes, Quezon City

CONFIDENTIAL RECOMMENDATION FORM
(Grade 1 – Grade 4)

Name of Applicant _____ Level applying for _____

To the Guidance Counselor/Class Adviser:

The above named pupil is seeking admission to the **SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY**. We would appreciate your fair evaluation of the applicant. Rest assured that all information will be kept confidential. After accomplishing the form, **please seal it in an envelope, sign the flap and return to the applicant**. Thank you for your assistance.

Kindly check the description that represents your assessment of the applicant.

PERSONAL CONDUCT

- excellent
- good
- fair
- poor

EMOTIONAL DISPOSITION

- very cheerful; fun to be with
- good-natured; pleasant to be with
- fairly good-natured; occasionally irritable
- Grouchy; frequently irritable

RESPONSE TO CORRECTIONS

- accepts corrections/suggestions in good spirit
- shows resentment by pouting, grumbling, etc.
- quick to give an alibi
- answers back

OBEDIENCE

- obeys willingly
- obeys hesitantly
- disobeys

SOCIABILITY

- goes with many friends
- finds it easy to be friendly
- goes only with 1 or 2 friends; limits acquaintances to a select few
- prefers to be alone; lacks interest in joining group activities

COOPERATION

- goes out of her way to help
- cooperates willingly
- gives limited cooperation; does only what she has to do
- cooperates grudgingly; complains about what she has to do

SCHOLASTIC STANDING

- belongs to the top 10 of the batch
 - belongs to the upper 25% of the batch
 - belongs to the upper 50% of the batch
 - belongs to the third quarter of the batch
 - belongs to the bottom quarter of the batch
- Total Number of Pupils in the batch _____

MENTAL ABILITY

- superior
- above average
- average
- below average

ATTITUDE IN CLASS

- always interested and enthusiastic
- volunteers to recite
- participates only when called upon
- passively interested with what in going on
- disinterested

CLASS ATTENDANCE

- never absent
- rarely absent
- frequently absent without valid reason
- always absent

PUNCTUALITY

- always on time
- rarely late
- frequently late
- always late

PERSONAL APPEARANCE

- is always well-groomed
- generally neat in appearance
- is inclined to be messy
- untidy, careless of physical appearance





SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY
 F. Sotto Street, BF Homes, Quezon City
LEVEL III PAASCU RE-ACCREDITED
PEAC-ESC CERTIFIED

CONFIDENTIAL RECOMMENDATION FORM
 (Grade 5 - Grade 11)

Name of Applicant _____ Level applying for _____

To the Guidance Counselor/Class Adviser:

The above named pupil/student is seeking admission to the **SCHOOL OF THE HOLY SPIRIT OF QUEZON CITY**. We would appreciate your fair evaluation of the applicant. Rest assured that all information will be kept confidential. After accomplishing the form, please seal it in an envelope, sign the flap and return to the applicant. Thank you for your assistance.

GENERAL EVALUATION:

Kindly check the description that represents your assessment of the applicant. Mark the last column if you feel you don't have sufficient information to give an accurate answer.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	FAIR	POOR	No chance to observe
Personal Conduct						
Self-Confidence						
Emotional Stability						
People Skills/Sociability						
Femininity (physical/ behavior manifestations)						
Sense of Responsibility						
Mental Ability						
Academic Performance						
Oral Communication Skills						
Written Communication Skills						
Leadership						
Sense of Service						

COMMENTS:

- What do you consider to be the applicant's talents or strengths?

- What do you consider to be the applicant's weaknesses? In what areas can she improve?

- Does the applicant have any health, physical or emotional problem that may hinder her from performing well in the academics/participating actively in extra-curricular activities? ___ Yes ___ No.
 If yes, please explain _____

- Has the applicant ever been involved in any disciplinary case or put under academic probation? ___ Yes. ___ No
 If Yes, please give details and your assessment of the student at present.

OVERALL RECOMMENDATION:

_____ Strongly recommended for admission. _____ Recommended with reservation
 _____ Recommended for admission. _____ Not recommended

Printed Name _____
 Position _____

Signature _____
 Date _____