APPLICATION FOR ADMISSION

School year ________________

PLEASE PRINT

Name of Applicant ________________________________________________________________________

Last   First   Middle       Gr. / Yr. Level

Address ___________________________________________________________________________________

Date of Birth ______________________________________ Place of Birth ______________________________

Age _________ Religion __________________ Nationality ____________________ Tel. No. ________________

School last attended ___________________________________________________________________________

School Address _______________________________________________________________________________

Reason for choosing Dominican _________________________________________________________________

___________________________________________________________________________________________

FATHER      MOTHER      GUARDIAN

Name       ____________________         ___________________        _______________________

Address     ____________________         ___________________        _______________________

Religion     ____________________         ___________________        _______________________

Occupation      ____________________         ___________________        _______________________

Office Address    ____________________         ___________________        _______________________

Office Phone. No.     ____________________         ___________________        _______________________

Cell Phone No.    ____________________         ___________________        _______________________

Email Address:    ____________________         ___________________        _______________________

Educational Attainment  ____________________         ___________________        _______________________ 

Other Children studying in this school: ( if any )

Name               Age      Gr. / Yr. and Section

__________________________________________         ___________         ___________________________

__________________________________________         ___________         ___________________________

__________________________________________         ___________         ___________________________

Other children in the family :

Name                   Age        Educational Attainment  Occupation

_________________________________         ___________         ______________________        _____________________

_________________________________         ___________         ______________________        _____________________

_________________________________         ___________         ______________________        _____________________

WE CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND WE FULLY REALIZE THAT FALSIFICATION OF INFORMATION WILL BE CONSIDERED SUFFICIENT REASON FOR REJECTION OF THIS APPLICATION OR FOR DISMISSAL. IF ADMITTED, WE AGREE TO ABIDE BY THE SCHOOL RULES AND REGULATIONS.

_________________________________________   _________________________________

Signature of Parent/Guardian      Signature of Applicant

_________________________________________   _________________________________

Name of Parent / Guardian         Date of Application
CREDENTIALS SUBMITTED

( ) 2 photocopies of Birth Certificate
( ) 2 photocopies of Baptismal Certificate
( ) 3 (1x1) ID pictures
( ) Certified Copy of Report Card
( ) Certificate of Good Moral Character
( ) Recommendation Forms (DCGC-A9 for HS Applicants)
( ) Health Form/Medical Certificate

Checked by: _________________________  Date: __________________________

Date of Test: ________________________  Time:  _____________
Rescheduled: _______________________   Time:  _____________

TEST RESULT

Grade School Result           High School Result
(1-3 Below Ave; 4-6 Ave., 7-9 Above Ave.)

Score: _______   Reading: _______  School Ability/IQ: _____________
IQ: _______    Math: _______   Achievement:
Achievement: Language: _____
__________   Science: ______

Achievement:
Reading: _____  Language: _____
Math: _______  Science: _____

( ) PASSED   ( ) UNDER PROBATION   ( ) FAILED

INTERVIEW SCHEDULE

Date of Interview: _______________________  Time:  ______________
Rescheduled: _______________________   Time:  ______________
Interviewed by: _______________________

Recommendation: __________________________________________________________
________________________________________________________________________

Recommended by: ___________________

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