



South Admiral Campus
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OLDER BASIC EDUCATION (MIDDLE-UPPER-SHS LEVELS)
 School Application Form

I. Students Legal Name: _____

Last	First	Middle	Nickname
Address	City	Nationality	Date of Birth
Second Address (if Applicable)	City		Age

Present Early Childhood Program/School (if any) _____
 Who Referred you to CLP School? _____

Gender: Male _____ Female _____	Program Applying for:	Middle School _____ *Grade Level _____	Upper School _____ * Grade Level _____
Religion: _____		SHS _____ *Track _____	Pathways Program (Homeschool) _____ SPED (FLEX Program) _____

Diagnosed with special needs? _____ Yes _____ No if Yes, Indicate diagnosis _____
Is the child adopted? _____ Yes _____ No if YES, What year and age was he/she adopted? _____

II. PARENTS/GUARDIAN

Mother's Name: _____

	Home Phone	Cell Phone
Place of Employment	Occupation	Business Phone
EMAIL: _____		

Father's Name: _____

	Home Phone	Cell Phone
Place of Employment	Occupation	Business Phone

EMAIL: _____

Legal Guardian: _____

Home Phone _____

Cell Phone _____

Place of Employment _____

Occupation _____

Business Phone _____

EMAIL: _____

III. FAMILY/HOME

Siblings

Age

School/Grade Level

List other adults living with you other than the immediate family.

Name of Adult

Date of Birth

What is the Language used at Home? _____

Second languages or other languages the child is exposed to: _____

IV. CHILD'S GROWTH AND DEVELOPMENT

1. Problems during birth/ growth & development: _____

2. Is there history of learning problems/developmental delays/issues in the family? _____ Yes _____ No

3. General health at present: _____ poor _____ fair _____ good

4. Surgery, Major Illness, childhood diseases, high fevers, ear infections, injuries, operations. Give age of child with each _____

5. Allergies: _____

6. Is your child now receiving regular medication of any sort? _____ Yes _____ No

Name of Medication: _____ Dosage: _____

7. Describe handicaps/ or chief problems if any? : _____

8. Have you ever sought consult (with a developmental pediatrician, psychologist, psychiatrist, Speech or Occupational Therapist) for your child ? _____

9. Has your child been recommended for further evaluation? _____

10. Has your child received intervention?(e.g. but not limited to Occupational Therapy, Speech and Language Program, Physical therapy, Psychotherapy, Counseling, etc. _____

11. If your child attended school or had private tutoring and/or therapy, fill in the following:

Name and Address of School/Center	Teacher/Therapist	Dates	# hours/wk
_____	_____	_____	_____
_____	_____	_____	_____

VI. AWARDS AND TALENTS

List of special talents/interests/hobbies your child exhibits:

List of special lessons in sports/music/etc.... that your child has received or is currently receiving (indicate dates/duration/location, and other details):

List special awards/medals your child has received:

V. PARENTING AND SCHOOLING:

My Child spends most of his/her time with : _____ parent/s _____ nanny/caregiver _____ other relatives
 _____ Siblings _____ Friends

Check one: _____ I/we believe in establishing routine. Or _____ I/we believe routine should be flexible and allows for a lot of changes according to our own activities (parent’s work/ career, family activities, etc.,)

My child follows this routine at home: wake up time: _____ bed time: _____

Morning activities: _____

Mid-morning activities: _____

Activities after lunch: _____

Afternoon activities: _____

Night time or routine after dinner: _____

I/ We believe in this/these (one or more) types of discipline practices:

Spanking time out face the wall explaining why it is wrong grounding
 Verbal reprimanding specify _____

For each of the ff. pairs of statements, choose the more dominant statement to describe your beliefs:

I/We believe children should be drilled in reading, writing and learning math as early as possible

I/We believe children should be given more time to learn on their own and explore their surroundings.

I/We believe children should be given homework at least three up to five times a week.

I/We believe children should continue their learning at home through guidance and interaction with knowledgeable adults.

I/We believe children should learn firstly, how to socialize and interact properly, secondly, academics.

I/We believe that in order to be excellent, children should be immersed in academic work as often as possible.

I/We believe in partnering with the school to help our child have a happy and successful school life.

I/We believe it is the school's sole responsibility to enable our child to learn academic concepts.

I/We believe in the inclusion philosophy where both neuro-typical learners and learners with special education needs interact and learn from each other.

I/We believe that learners with special education needs have to be segregated in special education schools rather than included in a regular classroom.

I/We believe children should learn about peace building, conflict resolution and non-violence as early as possible.

I/We believe peace and socio-civic issues are too abstract or not applicable in my child's life context.

I/We believe it is necessary for children to learn about ways to save the environment.

I/We believe caring for the environment is still too difficult for our/my child to practice.

(For Filipinos)

I/We believe children should learn about the Philippines and to speak Filipino in order to widen their understanding of themselves their own identity's role in the world

I/We believe children should learn to speak English first because it is regarded as a global language.

GOALS FOR MY CHILD:

I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

Parent's Signature

Date

RECEIVED BY:

CLP representative's
INITIALS: _____

DATE: _____

NOTES:

RECOMMENDED PLACEMENT:

Signed by

Date Today

