



# Application for Preschool Level

S.Y 2021-2022

- \* Please include a 2 x 2 photo of your child
- \* Please include payment of 5,000 Php with your child's application
- \* Kindly read and complete all details-if not applicable please write N/A

FOR OFFICE USE ONLY	
Form Details	<input type="checkbox"/> Completed
Application Requirements	<input type="checkbox"/> Completed
Interview Status	<input type="checkbox"/> Completed
Reviewed by	
Date Reviewed	
Admission #	

<b>Date</b> (MM/DD/YYYY)
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**Section A**

## Student Information

<b>Student's Name</b>			<b>Nickname:</b>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<b>Date of Birth</b> (MM/DD/YYYY)	<b>Place of Birth</b>	<b>Gender</b>	<b>Citizenship</b>
<b>Complete Residential Address</b>	<b>Home Number</b>	<b>Religion</b>	



**Section B**

## Family Information

<b>Father or Guardian #1's Name</b>			<b>Nickname</b>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<b>Relationship to Applicant</b>		<b>Highest Educational Attainment &amp; School</b>	
<b>Name of Employment</b>	<b>Position</b>	<b>Office Tel.</b>	<b>Office Address</b>
<b>Preferred Email</b> (This email will receive school bulletins and announcements)		<b>Mobile Number</b>	



**Section B**  
**Family Information**

<b>Mother or Guardian #2's Name</b>			<b>Nickname</b>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<b>Relationship to Applicant</b>		<b>Highest Educational Attainment &amp; School</b>	
<b>Name of Employment</b>	<b>Position</b>	<b>Office Tel.</b>	<b>Office Address</b>
<b>Preferred Email</b> (This email will receive school bulletins and announcements)		<b>Mobile Number</b>	

<b>Sibling Information</b>			
<b>Name</b>	<b>Date of Birth</b> (MM/DD/YYYY)	<b>Gender</b>	<b>School</b>

**Section C**  
**Personality**

<b>Use three words to describe your child</b>	<b>Please tell us about your child's interests.</b>
<b>How does he spend his free time?</b>	<b>How does he/she spend his free time?</b>
<b>What toys/games/activities does your child like to play with?</b>	<b>Does your child have any fears or anxieties?</b>
<b>Does your child respond to adult direction, limit setting, and rules?</b> (Listen wells, Follows directions, Somewhat responsive, Needs constant reminders)	<b>How does your child enter new or unfamiliar situations?</b> (Independently joins, Initially hesitant until comfortable, Always clings to a familiar adult)



**Section D:**  
**Self-help skills**

Most of the time, can your child do the following?

Feed self with fork and spoon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wash and dry hands independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Express wants and needs easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Express wants and needs easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use toilet independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dress self independently or with some assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Separate from a parent easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Further explain/ comment on any skill component.

**Section E:**  
**Developmental Skills**

Most of the time, can your child do the following?

Use crayons, markers to draw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Express self in a way that is understood by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Follow simple directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Turn pages of a book and look at the pictures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recall and/or retell stories and events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage with other children easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Further explain/ comment on any skill component.

**Section F**  
**Social Developmental Skills**

Most of the time, can your child do the following?

Stick to one activity (e.g., listens to a story) for at least 15 minutes at a time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accept limits without getting upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Play well with other children (e.g., Takes turns and shares)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stop an activity when told to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do what is asked by a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Separate easily from parent/caregiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has temper tantrums?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is easily frustrated and cries often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notice other peoples' feelings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Wait to hear the whole question before answering?  Yes  No

Like to be around other people?  Yes  No

Further explain/ comment on any skill component.



**Section G**  
**School History**

<p>Has your child previously attended school (including part-time programs?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details about your child's previous schooling:</p>	<p>Did the previous school express any areas of attention regarding your child's academic and behavior needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>
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**Section H:**  
**Summary**

<p>Is there any other information you would like to share that is relevant to your child?</p>
<p>What do you expect your child to accomplish this year.</p>

**Section I:**  
**Parent/s Declaration**

<p>I/we confirm the details provided in this application form are correct and I/we understand that this application is the first stage in the process of applying to the The Discovery Academy of Innovation and does not guarantee placement. I have disclosed ALL required and relevant information in full detail in order for the school to provide the best education for the child.</p>	
<p>Mother / Guardian's signature</p>	<p>Father / Guardian's signature</p>
<p>Date (MM/DD/YYYY)</p>	<p>Date (MM/DD/YYYY)</p>