



# APPLICATION FOR ADMISSION TO WESTBRIDGE

Should be accomplished by the applicant or the designated guardian in lieu of the applicant. The accomplished form should be submitted together with the other required documents at the Registrar's Office. Submitted documents in compliance with the entrance exam requirements, shall become the property of the Registrar's Office upon submission and shall not be returned to the applicant. Please WRITE LEGIBLY IN PLAIN BLOCK LETTERS.

Choose the Grade Level you are applying into by marking the corresponding box with an X:

Primary: 1  2  3  Intermediate: 4  5  6  Junior HS: 7  8  9  10  Senior HS: 11  12

School Year: \_\_\_\_\_ For Senior HS, choose a strand:  STEM Science, Technology, Engineering & Mathematics  ABM Accountancy, Business & Management

## Basic Information:

Name: \_\_\_\_\_  
(Last Name) (Given Name) (Middle Name)  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/ Day/ Year)  
Date of Baptism: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_ No. of Brothers: \_\_\_\_\_ No. of Sisters: \_\_\_\_\_  
Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

## Contact Information:

Permanent Address: \_\_\_\_\_  
( This field should be COMPLETELY FILLED up using this order: Lot & Block No. / Barangay / Municipality or District / City or Province )  
Email Address: \_\_\_\_\_ Mobile No(s): \_\_\_\_\_  
Landline No(s): \_\_\_\_\_

## Previous School's Information:

Fill up this field only when it is applicable to you

School's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Classification:  Public  Private-Sectarian  Private  Non-Sectarian  
Reason(s) for transfer: \_\_\_\_\_  
FAPE / PEAC Recipient:  No  Yes, with recipient no. \_\_\_\_\_ and previous school's ID no. \_\_\_\_\_

## Interests, Involvements and Achievements:

Academic Achievements and Awards: \_\_\_\_\_  
Organizational Involvements and Affiliations: \_\_\_\_\_  
Sports Interests and Other Hobbies: \_\_\_\_\_

Please rank the order of the factors below that greatly influence your decision to apply in Westbridge School. Use numbers 1 to 5 to designate relevance, signifying 1 being most and 5 least important.

\_\_\_ Academic reputation of Westbridge School \_\_\_ Doctrinal & character formation \_\_\_ Proximity to present residence  
\_\_\_ Friendship with other parents \_\_\_ Others, please specify: \_\_\_\_\_

## Medical Information:

Concisely fill up this field with the relevant medical data

**Existing congenital / in-born conditions:**  None  Yes: \_\_\_\_\_  
Prescribed medication(s): \_\_\_\_\_  
( Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration )  
Advised first aid treatment(s): \_\_\_\_\_  
**Allergies and asthma:**  None  Yes: \_\_\_\_\_  
Prescribed medication(s): \_\_\_\_\_  
( Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration )  
Advised first aid treatment(s): \_\_\_\_\_  
**Recent operations:**  None  Yes: \_\_\_\_\_  
Prescribed medication(s): \_\_\_\_\_  
( Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration )  
Advised first aid treatment(s): \_\_\_\_\_  
**Diagnosed psychological conditions (e.g. autism, ADHD, speech and learning disabilities):**  None  Yes: \_\_\_\_\_  
Prescribed medication(s): \_\_\_\_\_  
( Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration )  
Advised first aid treatment(s): \_\_\_\_\_

**Person to be notified in case of emergency:** \_\_\_\_\_ Relationship with the child: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Office Address: \_\_\_\_\_  
Contact No(s): \_\_\_\_\_



## Family Information:

Mark the corresponding box with an X to all the applicable fields

### Parents' Information:

Complete Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
 Nature of Marriage:  Church  Legally Separated  Divorced  Civil  Remarried  Annulled  
 Rite used during the marriage (e.g. Roman Catholic, Protestant, Muslim, etc.): \_\_\_\_\_  
 All members of the family live together  Parents have attended the following Educhild course(s): \_\_\_\_\_  
 The work of the father or mother necessitate either being away from home for longer than one week per month because \_\_\_\_\_  
 The parents make up for lost time with the children by: \_\_\_\_\_

### Father's Information:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer / Company: \_\_\_\_\_  
 Office / Work Address: \_\_\_\_\_ Nature of the Business: \_\_\_\_\_  
 Highest Educational Attainment: \_\_\_\_\_ Mobile No(s): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Landline No(s): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Hobbies & Interests: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Educational Background: \_\_\_\_\_ Affiliations: \_\_\_\_\_

School	Degree Earned	Organizations	Positions Held
High School _____	_____	_____	_____
College _____	_____	_____	_____
Post Graduate _____	_____	_____	_____

### Mother's Information:

Mother's Maiden Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer / Company: \_\_\_\_\_  
 Office / Work Address: \_\_\_\_\_ Nature of the Business: \_\_\_\_\_  
 Highest Educational Attainment: \_\_\_\_\_ Mobile No(s): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Landline No(s): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Hobbies & Interests: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Educational Background: \_\_\_\_\_ Affiliations: \_\_\_\_\_

School	Degree Earned	Organizations	Positions Held
High School _____	_____	_____	_____
College _____	_____	_____	_____
Post Graduate _____	_____	_____	_____

Name of Children (Exclude the applicant)	Sex	Age	Date of Birth	Current School and Grade Level
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you come to know about Westbridge School? Mark the corresponding box with an X to all the applicable fields:

Marketing streamers, brochures, posters and flyers  Referred by (List the people who convinced you to apply): \_\_\_\_\_  
 Orientation(s) conducted by Westbridge \_\_\_\_\_  
 In academic / sports groups or competitions \_\_\_\_\_  
 Through the internet and the social media \_\_\_\_\_

### Final Reminders:

To facilitate the smooth processing of your application for admission to Westbridge School, kindly ensure that the following documents have already been submitted. Otherwise please ensure that the following will be submitted together with this form

The following should be submitted in a long, brown envelope together with a long white folder:

Photocopy of the following:  Original NSO Birth Certificate  
 Parents' Church Marriage Certificate  Sealed Good Moral Character Certificate from any of the following:  
 Baptismal and Confirmation Certificate (if applicable) Principal, Prefect of Discipline, Guidance Counselor or Class Adviser  
 Report Card (Form 137) reflecting the latest possible grades and duly signed by the Principal  Two pieces Passport Size Picture of the applicant (1.5 x 1.5 inches)

Please note that upon successful acceptance of the applicant, these documents will be considered as School Property

### Applicant's Undertaking:

I wish to apply for admission in PAREF Westbridge Sschool, Inc. for School Year 20\_\_-20\_\_ as a (choose the Grade Level you are applying into by marking the corresponding box with an X):  1  2  3  4  5  6  7  8  9  10  11  12  
 I hereby attest to the completeness and accuracy of all the information supplied in this form. I understand that withholding of information or giving false information will make me ineligible for admission, or may jeopardize my continued stay after admission has been granted.

Respectfully yours, \_\_\_\_\_  
Applicant's Printed Name and Signature Parents' / Guardians' Printed Name and Signature