

PASIG COMMUNITY SCHOOL FOUNDATION INC.
25 M. Suarez Avenue, San Miguel Pasig City 1600

STUDENT APPLICATION FORM

SCHOOL YEAR _____

PREPARATORY (3.9 to 4.8 y/o by July)

GRADE _____

Learner Reference No (LRN): _____

KINDERGARTEN (4.9 to 5.8 y/o by July)

GRADE ONE (5.9 to 6.8 y/o by July)

SENIOR HIGH SCHOOL: GRADE _____

(LRN): _____

(LRN): _____ Strand: _____

ASSESSMENT RESULT

DATE OF ASSESSMENT: _____

TIME: _____

TEACHER'S REMARKS AND RECOMMENDATION:

FINAL RECOMMENDATION: PASSED WITH RESERVATION FAILED

TEACHER'S NAME: _____

INTERVIEW RESULT

DATE OF INTERVIEW: _____

TIME: _____

REMARKS AND RECOMMENDATION:

FINAL RECOMMENDATION: PASSED WITH RESERVATION FAILED

INTERVIEWER'S NAME: _____

STUDENT'S INFORMATION

TO THE PUPIL AND PARENT/GUARDIAN: Write legibly all information required.

学生,家长/监护人:请清楚地写下所需的所有信息

| | | | |
|---------------------|--------------------|------------------------------|-------------------|
| Last Name 姓 | First Name 名 | Middle Name 母性 | Chinese Name 中文姓名 |
| Date of Birth 出生日期 | Place of Birth 出生地 | Sex 性别 Male 男 Female 女 | Nationality 国籍 |
| Home Address 家庭住址 | | Email Address 电邮地址 | |
| Home Telephone 联系电话 | Mobile Number 手机号码 | Religion 宗教 | Church 教会 |

Parent Details 家庭资料

| | Father 父亲 | Mother 母亲 |
|--------------------|-----------|-----------|
| Name 姓名 | | |
| Chinese Name 中文姓名 | | |
| Mobile No. 手机号码 | | |
| Email Address 电邮地址 | | |

Previous School 以前的学校

| School Year 学年 | School 学校 | Level 年级 |
|----------------|-----------|----------|
| | | |
| | | |
| | | |

Student Language Level (Please check appropriate box) 学生的语言水平 (请在适当的格子打勾)

| | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Never learned Chinese at school (从未在学校里学习中文) | <input type="checkbox"/> | Unable to speak Chinese at All (完全不会说中文) | <input type="checkbox"/> | Speak English at Home (在家里说英语) |
| <input type="checkbox"/> | Speak other Chinese dialect at home (在家里说中国方言) | <input type="checkbox"/> | Speak Mandarin at Home (在家里说普通话) | <input type="checkbox"/> | Speak other language at Home (在家里说其他语言) |

Declaration

I hereby **AGREE** that Pasig Community School Foundation, Inc. may use my child/children's picture or video for the promotion purpose of the school.

我特此同意巴石华侨学校可以用我孩子的照片或者录像用于学校的宣传。

Parent's Signature 家长签名

Date 日期