

Does your child represent the school / club / country in any sporting, musical, drama event? Yes No
 If yes, please describe the activity(ies)

List honors and awards received in your previous school (academic and extra-curricular),

Honors and Awards (Academic)	Honors and Awards (Extra-Curricular)

Where do you plan to attend College or University?

Local University Korean University Others: _____

US University Australian University

UK University Asian University (country: _____)

4. ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No

What language(s) do you speak at home? _____

5. ALUMNI RELATIONS

List down any family member or relatives who are attending or have attended Reedley International School

Name	Relationship	Age	School Year Attended

6. REASONS FOR TRANSFER

What are your reasons for transferring to Reedley International School?

1. _____

2. _____

3. _____

7. DECLARATION AND SIGNATURE

The information on this form is supplied by me on the understanding:

(a) that it may be used for purposes relating to my enrollment as a student by members of the academic and administrative staff of Reedley International School;

(b) that it may be used for purposes of statistical information in the school;

(c) that I have the right to see and correct, if necessary the information I have provided;

(d) that I read and fully understood the restrictions and guidelines of this application;

(e) that I understand and agree that if I furnish incorrect or incomplete information on this application or in connection with this application, this may result in my admission being denied or revoked or in my suspension or expulsion from the school;

(f) that I understand and agree that failure on my part to complete admission requirements will nullify my eligibility to enroll;

If accepted as a student, I agree that my admission, matriculation, and graduation are subject to the rules and regulations of Reedley International School. I further agree that I will abide with the Code of Discipline of the school.

I declare that all the information submitted on this application form and in the attached documents is correct and complete. I authorize Reedley International School to obtain official records from any educational institution that I have previously attended. I understand that Reedley International School reserves the right to vary or reverse any decision regarding admission or enrollment made on the basis of incorrect or incomplete information.

Credentials filed in support of this application become the property of Reedley International School and will not be returned to the applicant. Misrepresentation of information requested in this application will be considered sufficient reason for refusal of admission and exclusion.

Reedley International School does not discriminate in admissions, educational programs, or employment on the basis of race, color, religion, sex, sexualorientation, national origin, age or disability and prohibits such discrimination by its students, faculty and staff.

Applicant's Signature _____ Date _____ / _____ / _____

Parent's Signature _____ Date _____ / _____ / _____

Guardian's Signature _____ Date _____ / _____ / _____

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STUDENT APPLICATION FORM

OAD - FORM1

Track No.: _____

Please print clearly in blue or black ink.

NOTE: Complete all sections of this Application Form. Submitting incomplete Application Requirements may delay admission and enrollment.

<p>I am applying for School Year: _____</p> <p>Is this your first time to apply in RIS? <input type="checkbox"/> Yes <input type="checkbox"/> No, I applied for school Year: _____</p> <p>How did you find out about RIS? <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Newspaper Article <input type="checkbox"/> Magazine Ad / Article <input type="checkbox"/> Billboard Ad <input type="checkbox"/> Building Signages <input type="checkbox"/> Search Engine: _____ <input type="checkbox"/> Blogs: _____ <input type="checkbox"/> Website <input type="checkbox"/> Community Bulletin Boards <input type="checkbox"/> Direct Mail <input type="checkbox"/> Others: _____</p>	<p>TO BE FILLED OUT BY REEDLEY PERSONNEL ONLY</p> <p><input type="checkbox"/> Upper School I II III IV <input type="checkbox"/> Middle School 5 6 7 <input type="checkbox"/> Lower School 1 2 3 4 <input type="checkbox"/> Kindergarten Pre-K K</p> <p><input type="checkbox"/> Complete Requirements</p> <p>Date Submitted: _____</p> <p><input type="checkbox"/> Payment Date: _____</p> <p><input type="checkbox"/> Testing Date: _____</p> <p><input type="checkbox"/> Interview Date: _____</p>	<p>Attach 2x2 ID picture with white background. (Should be taken in the past 6 months)</p> <p>Print name at the back of the picture.</p>
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1. PERSONAL DETAILS

Write the name that appears on THE BIRTH CERTIFICATE.

Last Name _____

First Name _____

Middle Name _____

Date of Birth	Country of Birth	Gender
____ / ____ / ____ day month year	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Nationality

Citizenship: _____ DUAL CITIZENSHIP: _____

Country of Permanent Residence: _____

If your other citizenship is Filipino, submit a photocopy of your Philippine Passport of Identification Certificate of Recognition (ICR)

If you are both in the Philippines and one or both parents is/are Non-Filipino, submit a photocopy of your Philippines Passport.

Passport and VISA Details of Applicant

Passport Number: _____ Place Issued: _____

Date Issued: _____ Expiry Date: _____

Please attach a photocopy of your ACR, 9G Visa, SIRV or SRRV.

Please tick when applicable:
 ACR
 9G (Working Visa)
 SIRV (Special Investor's Resident Visa)
 SRRV (Special Retiree's Resident Visa)
 Others _____

Special Study Permit (for non-resident foreigners)

Do you have a previously issued Special Study Permit? Yes No for School Year: _____

If no, are you willing to allow RIS to process your SSP with the appropriate fees? Yes No

Disabilities

Do you have an impairment, disability or long term medical condition? Yes No

If yes, does your impairment, disability or medical condition affect your study? Yes No

What is your impairment, disability, or medical condition? Please tick one or more of the following:

1. Hearing 2. Autism 3. Speech 4. Attention Deficit Disorder 5. Learning Disability 6. Physical impairment 7. Other (please specify) _____

If the applicant has a learning disability, medical reports or assessments are considered as a requirement for application.

Permanent Home Address of Applicant

Address: _____ Landline: _____
 _____ Mobile No: _____

State/Province: _____
 Country: _____

Correspondence Address (if different from Permanent Home Address). RIS will use this Address to contact you.

Address: _____ Landline: _____
 _____ Mobile No: _____

State/Province: _____
 Country: _____

Applicant's Email Address

Contact Person in Case of Emergency

Name: _____ Relationship: _____
 Email Address: _____ Landline: _____
 _____ Mobile No.: _____

2. FAMILY INFORMATION

Student's parents are: Married Living Together Separated
 Divorced Annulled Legally Separated

Student is living with: Both parents Father Mother Guardian

Information about father **Information about Mother**

Title _____ Mr. _____ Dr. _____ Atty. _____ Engr. Title _____ Mrs. _____ Dr. _____ Atty. _____ Engr.

Father's Full Name **Mother's Full Name**

 (Last Name) (First Name) (M.I.)

 Living Deceased

Citizenship: _____
 Country of Birth: _____
 Home Address (If different from Applicant's permanent address):

Residence Phone Number: _____
 Mobile No: _____
 Email: _____

Father's Occupation **Mother's Occupation**

Company: _____ Company: _____
 Position: _____ Position: _____
 Company Address: _____ Company Address: _____

 Business Phone Number: _____ Business Phone Number: _____

If the parent(s) is/are foreigners(s), please indicate your passport and visa details below:

Father's Passport No. _____ Mother's Passport No. _____
 Date Issued: _____ Expiry Date: _____ Date Issued: _____ Expiry Date: _____
 Place Issued: _____ Place Issued: _____

Type of VISA: Please tick the appropriate box and attach a photocopy of your VISA.

ACR 9G (Working Visa) SIRV (Special Investor's Resident Visa) SRRV (Special Retiree's Resident Visa) Others _____

If you have an ACR (Alien Certificate of Registration), attach a photocopy of the front and back of ACR.

Guardian's Information

Are you living with a guardian? Yes No

Guardian's Full Name: _____ Relationship to Applicant: _____
 (If you will be living with the guardian, you are required to submit a Notarized Affidavit of Guardianship.)
 Guardian's Address: _____ Telephone No.: _____

Siblings

Name	Age	Status	Occupation

3. SCHOLASTIC INFORMATION

Current School

School Address: _____
 Current Grade Level: _____ Number of Years Attended: _____

Write ALL SCHOOLS ATTENDED

Previous Schools Attended	Location	Level	Dates Attended

Student Interests

Please Indicate if your child has any special interests in the following:

arts and design creative writing drama drawing sewing photography website design ballet modern jazz drums guitar piano/ keyboard strings vocal music badminton basketball chess golf rugby scuba diving soccer swimming taekwondo tennis track and field volleyball water polo other sports _____