

Date/s:

Name of Hospital:__ Nature of Hospital:_ **Photo**"1 ½ x 1 ½"

Kinder Application Form S.Y.	Application Date:			
GRADE LEVEL:	_			
PER	SONAL DATA			
Application Status:New	ReturneeTransferee			
Name				
	First Name Middle Name			
Age as of June:	Gender: [] Male [] Female			
Birthday:	_Place of Birth:			
(Month) (Day) (Year)				
Home Address:				
Provincial Address:				
Tel. No.:	Mobile No.:			
Religion:	Nationality:			
Date of Baptism:	Place of Baptism:			
s с н о о	L/S ATTENDED			
Nursery:				
School Year:				
School Year:				
1				
	HEALTH			
Present Physical Condition: (Please Che [] Poor [] Fair [] Good				
	eck)			
[] Poor [] Fair [] Good	eck)			
[] Poor [] Fair [] Good	eck)			
[] Poor [] Fair [] Good Sickness During Childhood:	eck) [] Very Good [] Excellent			
[] Poor [] Fair [] Good	eck) [] Very Good [] Excellent			
[] Poor [] Fair [] Good Sickness During Childhood:	eck) [] Very Good [] Excellent			
[] Poor [] Fair [] Good Sickness During Childhood: Allergies:	eck) [] Very Good [] Excellent			

FATHER		F A M	ILYBACKG	ROU	N D
DATE OF BIRTH AGE PLACE OF BIRTH NATIONALITY RELIGION EDUCATIONAL ATTAINMENT OCCUPATION WORK ADDRESS CONTACT NO. AVERAGE MONTHLY INCOME Working Abroad () Mother only () Father only () Both Marital Status of Parents() Married in Church () Civil Marriage () Widow/er () Living Together () Single Parent () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian Name of Guardian (if any): Relationship with the child: Occupation: Tel. No:: OTHER SIBLINGS IN THE FAMILY Name Age Educ. Attainment School Attended REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card [] Baptismal Certificate [] Medical Certificate [] Picture I certify that the data given herein and the accompanying documents are true and corre best of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure t pass the test and/or submit complete requirements is likewise a reason for disqualification. Failure t pass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Certer adheres to every strict confidentially standards. Any information of records/data provided to it Certer are handled with utmass confidentially, severa in the threatmenty standards. Any information of records/data provided to it Certer are handled with utmass confidentially, varyer in the filter handles of suppose on your academic record. The Guidance and Evaluation Certer adheres to every strict confidentially standards. Any information of records/data provided to it Certer are handled with utmass confidentially, varyer in the information is observed to a speace on your academic records under the certer to provide information and the certer to use the data for the certer of the provide information is often used to assess areas where dient unit need counseling interest information is utilized for outnown and the provide inform	FATHER	T			MOTHER
AGE					
PLACE OF BIRTH NATIONALITY RELIGION EDUCATIONAL ATTAINMENT OCCUPATION WORK ADDRESS CONTACT NO. AVERAGE MONTHLY INCOME Working Abroad () Mother only () Father only () Both Marital Status of Parents() Married in Church () Civil Marriage () Widow/er () Living Together () Single Parent () Separated With whom does the child stay? (if single parent) [] Mother [] Mother [] Father [] Guardian Married for any: Relationship with the child: Doccupation: Tel. No.: OTHER SIBLINGS IN THE FA MILY Name Age Educ. Attainment School Attended REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card [] Baptismal Certificate [] Medical Certificate [] Picture I certify that the data given herein and the accompanying documents are true and correbest of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentially standards. Any information of records/data provided to the content of the content					
NATIONALITY RELIGION EDUCATIONAL ATTAINMENT OCCUPATION WORK ADDRESS CONTACT NO. AVERAGE MONTHLY INCOME Working Abroad () Mother only () Father only () Both Marital Status of Parents () Married in Church () Civil Marriage () Widow/er () Living Together () Single Parent () Separated Working Abroad () Mother only () Father only () Separated Working Abroad () Mother only () Father only () Separated Working Abroad () Mother only () Father () Single Parent () Separated With whom does the child stay? (if single parent) [] Guardian Age:					
RELIGION EDUCATIONAL ATTAINMENT OCCUPATION WORK ADDRESS CONTACT NO. AVERAGE MONTHLY INCOME Working Abroad () Mother only () Father only () Both Marital Status of Parents() Married in Church () Civil Marriage () Widow/er () Living Together () Single Parent () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian Readraian (if any): Relationship with the child: Docupation: Tel. No.: OTHER SIBLINGS IN THE FAMILY Name Age Educ. Attainment School Attended REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card [] Good Moral Certificate [] Birth Certificate [] Baptismal Certificate [] Medical Certificate [] Picture I certify that the data given herein and the accompanying documents are true and correbest of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure the pass the test and/or submit complete requirements is likewise a reason for disqualification. Failure the pass the test and/or submit complete requirements is likewise a reason for disqualification. Pallure the content of the provide the best services possible, the courselor may consult with other courselors in the content of the provide the best services possible, the courselor may consult with other courselors in the content are handled with utmost confidentially, except in life threatening situations, cases of suspected client abuse, or when release thereties required by law. In order to provide the provide the best services possible, the courselor may consult with other courselors in the content and provide the factors in which a more careful representation so then used to assess areas where client will need counseling interventions and of other factors in which a more careful representation of the provide the best besides to see the above statements and allow the Center to provide information incorder person or college/Genatures. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Lient information is orther used to assess areas where cleent will ne					
EDUCATIONAL ATTAINMENT OCCUPATION WORK ADDRESS CONTACT NO.					
OCCUPATION WORK ADDRESS CONTACT NO. AVERAGE MONTHLY INCOME Working Abroad () Mother only () Father only () Both Marital Status of Parents() Married in Church () Civil Marriage () Widow/er () Living Together () Single Parent () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian Age:		EDU			
WORK ADDRESS CONTACT NO. AVERAGE MONTHLY INCOME Working Abroad () Mother only () Father only () Both Marital Status of Parents() Married in Church () Civil Marriage () Widow/er () Living Together () Single Parent () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian Age:					
Working Abroad () Mother only () Father only () Both Marital Status of Parents() Married in Church () Civil Marriage () Wildow/er () Living Together () Single Parent () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian () Separated With whom does the child stay: [] Father [] Guardian () Separated With whom does the child: [] Tel. No.: [] Tel. N					
Working Abroad () Mother only () Father only () Both Marital Status of Parents() Married in Church () Civil Marriage () Widow/er			CONTACT NO.		
Marital Status of Parents() Married in Church () Single Parent () Separated With whom does the child stay? (if single parent) [] Mother [] Father [] Guardian Name of Guardian (if any): Relationship with the child: Occupation: OTHER SIBLINGS IN THE FAMILY Name Age Educ. Attainment School Attended REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card [] Good Moral Certificate [] Birth Certificate [] Baptismal Certificate [] Medical Certificate [] Picture I certify that the data given herein and the accompanying documents are true and correbest of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure t pass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evoluation Center adheres to every affect confidentiality standards. Any information of records/data provided to televate are handled with utmost confidentiality our adaemic records. cases of suspected client abuse, or when release therwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the offic information about counseling with ord appear on your academic resord. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Lilent information is often used to assess areas where client will need counseling interventions and or/other factors in which a more careful and may be printed provided indicates that you have read the above statements and allow the Center to use the data for nurse paren supposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data for nurse supposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data for nurse provides and the parent of the provides and allow the counseling services. Client names are not used to any third part		AVER	AGE MONTHLY INCOME		
OTHER SIBLINGS IN THE FAMILY Name Age Educ. Attainment School Attended REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card [] Good Moral Certificate [] Birth Certificate [] Picture I certify that the data given herein and the accompanying documents are true and corre best of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification. STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality, standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the offic information abut counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more caref study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome researcy purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from you record for outcome research purposes or disclosed to any third party without your consen	Marital Status of Parents With whom does the chil [] Mother	6() Mai () Livi d stay? [rried in Church () Civing Together () Sir (if single parent)] Father [] Gua	vil Marriag ngle Paren rdian	ge () Widow/er nt () Separated
Name Age Educ. Attainment School Attended REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card [] Good Moral Certificate [] Birth Certificate [] Picture I certify that the data given herein and the accompanying documents are true and corre best of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure t pass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality, standards. Any information of records/data provided to the center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release therewise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the offic information about counseling will not appear on your academic record. In control provide information is often used to assess areas where client will need counseling interventions and or/other factors in which a more caref study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research uproses. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data for version purpose, or disclosed to any tharpy without your consent.	Relationship with the chi	ild:			
REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card [] Good Moral Certificate [] Birth Certificate [] Baptismal Certificate [] Medical Certificate [] Picture I certify that the data given herein and the accompanying documents are true and correbest of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure typass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the offic information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assesses areas where client will need counseling interventions and or/other factors in which a more caref study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome researc purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from yrecord for or disclosed to any third party without your consen	Occupation:			_ Te	el. No.:
REASONS/S FOR ENROLLING THE CHILD AT LCC-C CREDENTIALS SUBMITTED [] Report Card	ОТ	HERS	SIBLINGSINT	HEFA	MILY
CREDENTIALS SUBMITTED [] Report Card	Name	Age	Educ. Attainment		School Attended
CREDENTIALS SUBMITTED [] Report Card					
CREDENTIALS SUBMITTED [] Report Card	·			·	
CREDENTIALS SUBMITTED [] Report Card					
CREDENTIALS SUBMITTED [] Report Card					
[] Report Card	REAS	ONS/S	FOR ENROLLING THE	CHILD	AT LCC-C
[] Report Card					
[] Report Card					
I certify that the data given herein and the accompanying documents are true and corre best of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office Information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more caref study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consent.		CRED	DENTIALS SUB	MITT	E D
I certify that the data given herein and the accompanying documents are true and corre best of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office Information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more caref study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consent.	[] Report Card	Г 1	Good Moral Certificate	Г	1 Birth Certificate
best of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification. Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office Information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more carefully may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from the provided indicates that you have read the above statements and allow the Center to use the data from the provided indicates that you have read the above statements and allow the Center to use the data from the provided indicates that you have read the above statements and allow the Center to use the data from the provided indicates that you have read the above statements and allow the Center to use the data from the provided indicates that you have read the above statements and allow the Center to use the data from the provided indicates that you have read the above statements and allow the Center to use the data from the provi				-	-
Parent/Guardian's Signature over printed name STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office Information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more careful study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from my record for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consen	•	_			_
STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office Information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more careful study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from my record for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consen	pass the test and/or submit	complet	te requirements is likew	ise a reas	son for disqualification.
STATEMENT OF PRIVACY AND INFORMATION POLICY The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more careful study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from my record for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consen	Parent/Guardian's Signature	over pri	nted name		
The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office Information about counseling will not appear on your academic record. In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information another person or college/department. USE OF CLIENT INFORMATION IN OUTCOME RESEARCH Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more careful study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from my record for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consen					
Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more caref study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome researc purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data fro my record for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consen	Center are handled with utmost confice otherwise required by law. In order the Information about counseling will not a In order to protect your right to confice In order to protect your right your your your your your your your your	adheres to dentiality, ex o provide th appear on you dentiality, you	every strict confidentiality star scept in life threatening situation ne best services possible, the co our academic record.	ndards. Any ns, cases of ounselor ma	information of records/data provided to the f suspected client abuse, or when release is y consult with other counselors in the office.
	Client information is often used to assistudy may help in the delivery of coupurposes. By signing on the space promy record for outcome research purpo	ess areas w nseling serv ovided indica ses and sha	here client will need counseling vices. Client names are not used ates that you have read the abo Ill not be used for any other pur	interventions I when clien ive statemen	s and or/other factors in which a more carefu t information is utilized for outcome research its and allow the Center to use the data from
Signature over printed name Date	Signature over printed r	ame			 Date