



**La Consolacion College Caloocan**  
496 A. Mabini St. Caloocan City  
Tel. # 8287-97-03

**Photo**  
"1 ½ x 1 ½"

**Grade School Application Form**  
**S.Y.** \_\_\_\_\_

Application Date: \_\_\_\_\_

**GRADE LEVEL:** \_\_\_\_\_

**P E R S O N A L   D A T A**

**Application Status:**    \_\_\_New                    \_\_\_Returnee                    \_\_\_Transferee

**Name** \_\_\_\_\_

Last 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 C H O O L / S   A T T E N D E D**

**Kindergarten:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

**Grade School:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

**H E A L T H**

**Present Physical Condition:** (Please Check)

[   ] Poor            [   ] Fair            [   ] Good            [   ] Very Good            [   ] Excellent

**Sickness During Childhood:**

\_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Immunization:** \_\_\_\_\_

\_\_\_\_\_

**Hospitalization:**

**Date/s:** \_\_\_\_\_

**Name of Hospital:** \_\_\_\_\_

**FAMILY BACKGROUND**

FATHER		MOTHER
	NAME	
	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): \_\_\_\_\_ **Age:** \_\_\_\_\_

**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**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Report Card           | <input type="checkbox"/> Good Moral Certificate | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Medical Certificate    | <input type="checkbox"/> Picture           |

I certify that the data given herein and the accompanying documents are true and correct to 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 is 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 to 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 consent.

For any questions, you may approach your level counselor.

\_\_\_\_\_  
 Signature over printed name

\_\_\_\_\_  
 Date