

Please indicate who is responsible for:

School-related decisions _____ Relationship to student _____ Phone _____

Receive school correspondence _____ Relationship to student _____ Phone _____

Address for correspondence _____

Preferred name, address and contact nos. for billing _____

Siblings

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Guardian (appointed by parents, when applicable)

Name(s) _____

Address _____

Phone: Office _____ Residence _____ Fax _____

Relationship to student _____ Email _____

Personal History

Please use separate sheet of paper for further comments in any category, if needed.)

Has your child skipped a grade? no yes If yes, which grade? _____

Has your child been retained? no yes If yes, which grade? _____

Has your child been identified as a gifted and talented student? no yes, please elaborate. _____

Does your child have any physical or emotional limitations? none yes, please elaborate. _____

Has your child received any extra help in school? no yes, please describe. _____

Has your child been evaluated because of academic or learning difficulties? What tests were given? Where? Please explain and include supporting papers. _____

Has your child had counseling for personal or emotional difficulties? Please elaborate. _____

Is there anything more you would like us to know about your child? _____

English Language Proficiency

For applicants from countries in which English is NOT the main language.

SKILLS	VERY GOOD (Fluent)	GOOD (Adequate, but needs stronger foundation)	FAIR (inadequate)	NONE (Beginner)
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening (understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scholastic Information

Applicant's current or most recent school _____ Country _____

Grade Levels Attended _____ Last Grade Completed _____ Last month / year attended _____ School's Calendar Months _____
Month Year

OTHER SCHOOLS ATTENDED

Lower School

GRADE LEVEL	YEAR COMPLETED	COUNTRY
N		
K		
1		
2		
3		
4		
5		

Middle School

GRADE LEVEL	YEAR COMPLETED	COUNTRY
6		
7		
8		

Upper School

GRADE LEVEL	YEAR COMPLETED	COUNTRY
9		
10		
11		
12		

Why are you changing schools? (for grades 6-12 only) _____

Is applicant in good standing and eligible to remain or return to present school? yes no

Did the applicant pass all subjects during the last year / quarter attended? yes no

If not, which subjects did the applicant fail? _____

Has the applicant ever received disciplinary action in a former school? yes no

Detention? _____ Suspension? _____ If yes, state reason _____

How long does the applicant intend to study at Brent? _____

If applying for admission to Grade 9, 10 or 11, does the applicant intend to finish Grade 12? _____

HONORS AND AWARDS (please list) i.e. captain of a team, class club officer, role in a play, etc.

OUTSTANDING ACHIEVEMENTS AND RECOGNITIONS (please list)

Student Interests (check all that apply)

- | | | | | | |
|--|---|--|--|--|---|
| <input type="checkbox"/> arts and design | <input type="checkbox"/> chess | <input type="checkbox"/> fitness/walking | <input type="checkbox"/> school magazine | <input type="checkbox"/> strings | <input type="checkbox"/> vocal music |
| <input type="checkbox"/> ballet | <input type="checkbox"/> creative writing | <input type="checkbox"/> golf | <input type="checkbox"/> scrabble | <input type="checkbox"/> student council | <input type="checkbox"/> volleyball |
| <input type="checkbox"/> basketball | <input type="checkbox"/> cross country | <input type="checkbox"/> lego | <input type="checkbox"/> scuba diving | <input type="checkbox"/> swimming | <input type="checkbox"/> website design |
| <input type="checkbox"/> bodybuilding | <input type="checkbox"/> debate | <input type="checkbox"/> modern jazz | <input type="checkbox"/> sewing | <input type="checkbox"/> taekwondo | <input type="checkbox"/> yearbook |
| <input type="checkbox"/> boy/girl scout | <input type="checkbox"/> drama | <input type="checkbox"/> photography | <input type="checkbox"/> soccer | <input type="checkbox"/> tennis | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> camping | <input type="checkbox"/> drawing | <input type="checkbox"/> rugby | <input type="checkbox"/> stagecraft | <input type="checkbox"/> touch rugby | <input type="checkbox"/> other _____ |

Foreign Passport Holders

The Philippine Government requires a SPECIAL STUDY PERMIT, rather than student visa, for foreign students who are minors. Exempted from this requirement are children of parents in any of the following visa categories:

(Please check the appropriate category, and attach a copy of parent's visa).

- | | |
|--|--|
| <input type="checkbox"/> Permanent foreign residents | <input type="checkbox"/> Foreign diplomatic personnel |
| <input type="checkbox"/> Aliens with valid working visa | <input type="checkbox"/> Special Retiree's Resident Visa (SRRV) |
| <input type="checkbox"/> Personnel from duly accredited international organizations residing in the Phil. (e.g. UNDP, ADB) | <input type="checkbox"/> Special Investor's Resident Visa (SIRV) |

Parent Permission for Drug Testing

FOR APPLICANTS IN **GRADES 6 - 12**

We believe a healthy educational environment is a drug-free environment. Our philosophy at Brent International School Manila centers on prevention and education with regards to the use of all dangerous drugs, tobacco, and alcohol. Further, we believe the majority of our students choose not to use these substances, and we want to reinforce those positive decisions whenever and wherever possible.

We also recognize, however, that experimentation is a part of adolescence and that teenage peer pressure can be profound. We therefore believe strongly in an education and detection system that enables our young people to stay drug free throughout their years at Brent and beyond. To assist our students with their decisions and to enable them to make positive choices where dangerous drugs are concerned, we will conduct random urinalysis of our students from time to time. We ask your cooperation as a parent in consenting to these tests when we deem them necessary and when your child is selected. Parents will be notified of the results of all urinalysis testing.

Our intention for students who test positive is that drug treatment / intervention be provided. Subsequent positive tests after rehabilitation, however, may be grounds for dismissal of that student from Brent School. Refusal to sign this permission document by the parent may also constitute grounds for dismissal of the student from Brent International School Subic as per policy manual.

I give Brent International School Subic permission to conduct drug tests (urinalysis) as they deem necessary.

Applicant Name and Signature
(Grade 6 and above)

Parent or Guardian Name and Signature

Date

References

Please list below, the names, schools, and/or educational capacity and telephone numbers of those who will be completing the recommendation forms. I give Brent School permission to discuss any questions by telephone with the classroom teacher, head of school, or other person who works with the applicant in an educational capacity.

Applicants Pre-K to Grade 1 : Homeroom Teacher or School Head

Applicants Grades 2 - 12 : Homeroom Teacher and Principal, Guidance Counselor or School Head

Name _____ Relationship _____ School/Educational Capacity _____ Telephone _____

Name _____ Relationship _____ School/Educational Capacity _____ Telephone _____

How did you hear about Brent?

- relative friend employer web site newspaper/magazine faculty student other _____

Please return forms to the Admissions Office together with a \$100.00 application and testing fee. Checks should be made payable to "Brent International School Subic".

Parent Name and Signature

Guardian Name and Signature

Date of Application

Health Form

Please type or print neatly.

AFFIX
YOUR
2 x 2
PHOTOGRAPH
HERE

Student's Name _____
Last First Middle

Preferred name _____ Gender _____
Male / Female

Phone _____

Home Address _____

Date of Birth _____ Nationality _____
Month Day Year

Father's Name _____ Religion _____

Mother's Name _____ Resides with _____
Optional

Alternate person(s) to contact in case of emergency:

Names(s)	Relationship to Student	Tel. Number / s
_____	_____	_____
_____	_____	_____

HEALTH HISTORY

Does your child have any allergies (to medication, food or others) that you are aware of?

Yes No Please specify known allergies _____

Does your child have any illness or disability that the school may need to be aware of?

Yes No If so, please state _____

Does your child receive any medication or other medical treatment either regularly or occasionally?

Yes No If so, please indicate _____

Has your child ever been hospitalized for any reason?

Yes No If so, for what reason? _____

If you know your child's blood type, please indicate?

(A, B, AB, O)

Rh group _____
+ or -

ADDITIONAL INFORMATION

Do you have a family doctor?

Yes

No

Doctor's Name _____ Phone _____

Hospital Name & Address _____

AUTHORIZATION

I give consent for my child to receive the following:

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. Minor first aid by nurse at the school clinic (medication & treatment) | <input type="radio"/> | <input type="radio"/> |
| 2. Emergency care at the school clinic | <input type="radio"/> | <input type="radio"/> |
| 3. Transportation to a hospital of the school's choosing, in severe or emergency cases | <input type="radio"/> | <input type="radio"/> |

NOTE: If you checked "**NO**" to numbers 1, 2, and 3, the clinic will not provide any health care for the student, until alternate emergency care instructions (from parents or official guardian) are on file with the Clinic.

Please note: Brent International School NURSES will provide care for any minor medical problem/s which may occur during the school day.

- In the event that my child requires emergency medical care and I cannot be reached, I give permission to Brent School authorities to act on my behalf. I also authorize them to sign any necessary release forms required by the hospital.

Name of Parent / Official guardian (Please Print)

Signature

Date

OTHER REQUIREMENTS

- Please attach a photocopy of your child's immunization record.
Date Submitted _____.
- If your doctor makes any recommendations or restrictions during the school year regarding your child's health, please submit the recommendation or certificate to the school as soon as possible. Otherwise, your child will be considered "PHYSICALLY FIT" and able to participate in Physical Education (P.E.) activities required by the curriculum and in other activities that may be part of the school program.