BRENT INTERNATIONAL SCHOOL SUBIC
ADMISSIONS PACKET

ADMISSIONS PROCESS

START HERE

1 FILL UP Application Form
- Available Print or Online

2 SUBMIT Application form AND all required documents

PAY $100 Application and Test fee

3 TEST AND INTERVIEW
DAY 1 : TEST
DAY 2: INTERVIEW with student and parent or guardian

4 ADMISSION DECISION

Following notification of acceptance, please submit the Slot Reservation Deposit and completed Admission and Enrollment Agreements within five (5) working days to ensure a space in a class.

DOCUMENT CHECKLIST

[ ] Completed Application & Health Forms
[ ] Certified copy of Academic Records/Report Cards for the last two years
[ ] Confidential Evaluation Forms
  [ ] Teacher from current/recent School Year
  [ ] Principal/Guidance Counselor
[ ] 2 pcs recent passport-size photos
[ ] Copy of Birth Certificate
[ ] Copy of Applicant's Passport
[ ] Copy of Immunization Records

For Foreign Applicants:
[ ] Copy of Applicant's latest Visa page
[ ] Copy of Parent's Passport & Visa
[ ] Copy of Alien/Immigrant Certificate of Residence (ACR or ICR)

Online

Fill up the online form on the website

Courier

Admissions Office
Brent International School Subic
Bldg. 6601, Binictican Drive, Subic Bay Freeport Zone, 2222 Philippines

Walk - In

please proceed to the
Admissions Office
7:30 - 4:30 PM
Monday to Friday

BRENT INTERNATIONAL SCHOOL SUBIC
Bldg. 6601 Binictican Drive Subic Bay Freeport
Zambales Philippines 2222

Applicant Details

Full Legal Name	(Last Name) (First) (Middle)		
Date of Birth (mm-dd-year)		Gender	Male Female
Country of Birth		Nationality	
Grade Applying to		Entry Date	
Reason for Applying to BISS			
How long does the applicant intend to study in BISS?			
Is this the first time for the applicant to join BISS ? If not, when was the last application done?			
Has the applicant attended BISS before? If so, what year?			
Does the applicant have a sibling currently studying or had graduated from BISS? If so, please provide the name&grade level.			

Contact Information

Email Address			
Home Phone		Mobile Phone	
Home Address in the Phil. (for correspondence)			
Home Address Abroad			
Father's Name		Contact Number	
Father's Email Address			
Mother's Name		Contact Number	
Mother's Email Address			
Who will the applicant be living with when he/she joins BISS?			
Who will be responsible for school-related decisions?			
GUARDIAN name (appointed by parents,if applicable)			
Address			
Phone number		Email	

Immigration Details - For Dual Citizens & Foreign Nationals Only

Nationality		Passport Number		Expiry Date	
Nationality		Passport Number		Expiry Date	
Current Visa Type		Expiry Date			

*All accepted students with dual citizenship and foreign nationality will be **REQUIRED** to accomplish the Foreign Student Information Sheet upon acceptance.*

Language Details

Language Spoken At Home	
Language Used by Applicant	

Scholastic Details

Applicant's current school			
School Address			
Head of School/Registrar Name		Email Address	
Did the applicant pass all subjects at former school? If not, please provide details.			
Has the applicant ever received disciplinary action from a former school? If so, please provide details.			

School History (Please include details of all school attended including pre-schools)

Country	School	Grade/Month/Year FROM / TO	Language of Instruction

What courses/subject area does the applicant enjoy?	
What courses/subject area does the applicant find challenging?	
Has the applicant ever benefited from additional support/ small group support in school? (Gifted/Special/ESL/ Remedial programs)	
Does the applicant have any form of learning difficulty?	
Has the applicant ever been assessed for learning needs by an educational/clinical psychologist or occupational/ speech therapist?	

Sponsoring Organization/ Company

If an organization/company will pay for the school fees, please submit a Letter of Guarantee.			
Organization Name			
Address			
Contact Person		Phone Number	
Email		Fax	

Permission for Drug Testing (Grades 6-12)

We believe healthy educational environment is a drug-free environment. Our philosophy at BISS 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 teen peer pressure can be profound. We therefore strongly believe 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 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. 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.

_____ _____ _____

Parent/Guardian Name and Signature **Student Name and Signature** **Date**

Agreement

Please read the Parent-School agreement carefully.

The parent signature below constitutes agreement with the following:

- **Information:** The student's parent/s have provided information without omissions or falsification and provided all supporting documents to complete the application. In the event that an information has been deliberately falsified, BISS reserves the right to withdraw an enrolled student at anytime. All documents and forms submitted to BISS in accomplishment of the application process becomes property of BISS and will be kept as a permanent record of the applicant.
- **Special Needs:** Parents must disclose relevant information regarding the applicant's special needs / medical history. BISS reserves the right to accept students whom it can provide service to. Thus, the school will not be able to accommodate ALL students with special needs.
- **Guardianship:** It is highly recommended that at least one parent must legally reside and live with the student in the Philippines; guardianship arrangements are subject for approval by the school.
- **Safety and Liability:** The student's parents understand that students, when at school on property, when taking or boarding the Brent school bus top and from their homes or on organised field trips, are supervised by staff members or other responsible adults who will exercise all reasonable caution. However the parents agree that the school and its members cannot accept any liability for accidents or incidents that may occur either at school or en route to and from school during the student's participation in Brent school field trips or bus service.
- **Policies and Procedures:** The student and parents will abide by the school's policies and procedures.
- **Visa:** The student and parents are responsible for obtaining a student visa and resident permit or Brent Special visa (RA 47A2) as well as any other legally required permit.
- **School Marketing:** The student's parents grants permission to use the student's photos in print or digital promotions for the school as well as on its website.
- **Religious Services:** The student's parents understand that Brent is an Episcopalian school and that, while the school does not impose religious conversion, all students are required to attend services and religious studies classes.

_____ _____ _____

Parent Name and Signature **Guardian Name and Signature** **Application Date**

BRENT INTERNATIONAL SCHOOL SUBIC
Bldg. 6601 Binictican Drive Subic Bay Freeport

ELC PARENT QUESTIONNAIRE			
Full Legal Name of Student	(Last Name) (First) (Middle)		
Date of Birth (mm-dd-year)		Gender	Male Female
Country of Birth		Nationality	
No. of Siblings		Special Religious Practices	
I. PERSONALITY			
1. What are your child's favorites? (food, color, tv show)			
2. List 5 words that describe your child's personality			
3. What are your child's interests?			
4. Does your child have any fears or anxieties?			
5. Does your child have a particular toy/object that is comforting to him/her?			
II. FAMILY INFORMATION			
1. Describe your child's behavior when left with a caregiver.			
2. Who are the people responsible for establishing rules and consequences for your child?			
3. What form of discipline do you use at home and how does your child respond to discipline?			
Is there any information about your family that will be useful in our work with your child?			
III. ROUTINES			
Is your child toilet trained?	Always	Most of the time	Not yet
Does your child nap during the day? If so, what time and for how long?			
For how many hours does your child sleep at night?			
Is your child able to feed himself independently? - Please provide details.			
Is your child able to pack away things independently? - Please provide details.			

Describe a typical weekend for your child. (routines, activities)	
IV. HEALTH	
Does your child have any allergies? What medication is given to him/her?	
V. OTHER INFORMATION	
Does your child require any special assistance while at school? (assistive learning, gross/motor skills)	
Is there anything else you would like to share about your child?	
What are your expectations for your child this school year at BISS?	
IV. SIGNATURE	
_____ I have provided information without omissions or falsification to complete the application. In the event that it is revealed that the information was deliberately falsified or omitted, BISS reserves the right ot withdraw at anytime the enrolled student. Parent Name and Signature: Guardian Name and Signature : Date of Application :	

Brent
International School Subic

HEALTH FORM

Attach
Recent passport-size
Photograph here

Please print neatly.

Student's Name: _____
Last *First* *Middle*

Preferred name: _____ Gender: _____
Male / Female

Home phone: _____ Cell phone: _____

Home Address: _____

Date of Birth: _____ Nationality: _____
Month Day Year

Father's Name: _____ Religion: _____
Optional

Mother's Name: _____ Resides with: _____

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

Names(s)	Relationship to Student	Phone numbers
_____	_____	_____
_____	_____	_____

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? _____ Rh group _____
(A, B, AB, O) + 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)	⬭	⬭
2.	Emergency care at the school clinic	⬭	⬭
3.	Transportation to a hospital of the school's choosing, in severe or emergency cases	⬭	⬭

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.