



# BRENT INTERNATIONAL SCHOOL SUBIC

## ADMISSIONS PACKET

### ADMISSIONS PROCESS

1

Completely fill out the Application Form  
*Available in print and online*

2

Submit completed Application Form and ALL required documents

Pay USD100 testing Fee

3

Test and Interview  
Day 1: Test ( 1-3 hours, depending on grade applying for)  
Interview with Admissions Director and Principal

4

Admissions Decision  
Once accepted, you may submit the Slot Reservation Deposit within five (5) working days to ensure a space in class

### DOCUMENTS CHECKLIST

- Completed Application and Health Form
- Certified copy of Academic Records for the past two (2) years
- Confidential Evaluation Forms
  - Teacher from current/recent school Forms
  - Principal or Guidance Counselor
- 2 pcs. 2x2 Photos
- Copy of Birth Certificate
- Copy of Applicant & Parent/Guardian's Passport
- Copy of Immunization Record

#### FOR FOREIGN APPLICANTS

- Copy of Applicant's latest Visa page
- Copy of Parent/Guardian's latest Visa page
- Copy of Alien/Immigrant Certificate of Residency (ACR or ICR)

#### ONLINE

Submit documents to:  
jadelacruz@brentsubic.edu.ph  
or  
crivero@brentsubic.edu.ph

#### 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**

7:30AM - 4:30PM  
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		Occupation & Company	
Father's Contact Number		Email Address	
Mother's Name		Occupation & Company	
Mother's Contact Number		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 &amp; 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.			
<b>School History</b> (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?			

*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

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

**LOWER SCHOOL 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		Religious Practice	
<b>I. PERSONALITY</b>			
1. List 5 words that describe your child's personality			
2. What are your child's interests, hobbies and activities?			
<b>II. FAMILY INFORMATION</b>			
1. Who is responsible in helping your child with homework?			
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?			
4. Is there any information about your family that will be useful in our work with your child?			
5. Describe a typical weekend for your child.			
<b>IV. HEALTH</b>			
1. Does your child have any allergies? What medication is given to him/her?			
2. Does your child have any medical conditions that the school needs to be aware of?			
<b>V. OTHER INFORMATION</b>			
Does your child require any special assistance while at school? (assistive learning, gross/motor skills)			

<p>Is there anything else you would like to share about your child?</p>	
<p>What are your expectations for your child this school year at BISS?</p> <p>(Academically, Socially, Emotionally)</p>	

**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 of withdraw at anytime the enrolled student.

Parent Name and Signature:

Guardian Name and Signature :

Date of Application :

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

Mother's Name: \_\_\_\_\_ Resides with: \_\_\_\_\_  
*Optional*

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)              | <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.

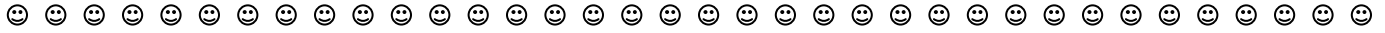




*Brent*

International School Subic

**Confidential Teacher  
Evaluation Form**  
Kindergarten and Grade 1



\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Current grade*

\_\_\_\_\_  
*Applying to grade*

**To the Teacher or School Head:** We appreciate your comment in completing this confidential form. Information about this child will be valuable in assisting us to evaluate his/her application for admission to our school.

*Please check here if you wish to discuss this applicant by phone*

\_\_\_\_\_  
*Person completing this form*

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*How long have you known this student?*

\_\_\_\_\_  
*Date*

**What are the first words that come to mind to describe this student?**

**Please check appropriate boxes.**

**Social Development**

- Shares well
- Can be a friend
- Is Imaginative
- Plays alone happily
- Cooperates at play
- Is supportive of peers
- Initiates play activities
- Has the capacity to lead
- Has the capacity to follow
- Uses materials purposely
- Seeks help when needed
- Is comfortable with adults
- Is mature for age / grade
- Exhibits good sense of humor
- Demonstrates self-control in class
- Demonstrates self-control on playground

	Usually	Sometimes	Seldom
Shares well			
Can be a friend			
Is Imaginative			
Plays alone happily			
Cooperates at play			
Is supportive of peers			
Initiates play activities			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposely			
Seeks help when needed			
Is comfortable with adults			
Is mature for age / grade			
Exhibits good sense of humor			
Demonstrates self-control in class			
Demonstrates self-control on playground			

**What frustrates this child?**

**Physical Development**

- Speech Development
- Small muscle control and development
- Large muscle control and development

	Outstanding	Age Appropriate	Needs Development
Speech Development			
Small muscle control and development			
Large muscle control and development			

**Pre-Academic Skill Development**

	<b>Outstanding</b>	<b>Age Appropriate</b>	<b>Needs Development</b>
Is curious			
Is attentive			
Is a self-starter			
Completes tasks			
Follows directions			
Listens in a group			
Expresses ideas well			
Works cooperatively			
Enjoys new challenges			
Respects classroom routines			
Is willing to try new activities			
Exhibits problem solving ability			
Contributes to group discussions			
Demonstrates ability to focus on one task			

*If applicable, please describe the child's development of:*

**Beginning reading skills:**

**Beginning math skills:**

**Personal Characteristics:** Please describe the child (personality, maturity, confidence, humor and independence). We welcome any information, which you think would be helpful.

Have you observed any signs of learning disabilities?     Yes\*     No     Don't Know

Does student receive any special accommodations?     Yes\*     No     Don't Know

\*If yes, please explain (Please use a separate sheet of paper for further comments in any category, if needed.)

**How strongly do you recommend this student?**

Enthusiastically     Strongly     Fairly Strongly     Without Enthusiasm     Not Recommended

**Parent involvement:**     Much     Usually     Rarely     Not Involved     Don't Know

**Parent cooperation:**     Very Cooperative     Usually Cooperative     Not Cooperative

**Thank you** for your assistance. Please return the completed form to the student in a sealed envelope, or mail directly at the intended school of enrollment:

**Brent International School Subic**                      *Attn: Admissions Office*

**Subic Campus:**                      Bldg. 6601 Binictican Drive, Subic Bay Freeport Zone, Zambales 2222 Philippines  
 + 63 47 252-6871 to 73                      [admissions@brentsubic.edu.ph](mailto:admissions@brentsubic.edu.ph)