

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