

PAREF-SOUTHRIDGE SCHOOL

Hillsborough Alabang, West Service Road Muntinlupa City

Phone: (632) 807-3644, 807-8080 loc. 110. Fax: (632) 842-1542

APPLICATION FORM FOR SCHOLARSHIP

No Date of Application:		School Year 20 20 For		Year	***	Place a 1" x 1" ID picture here
APPLICANT INFO				Nickna	me:_	
Last Name	First Name	Middle Name				
Place of Birth:		Citizenship:				
Current School:				Pho	ne No	
	Phone/Fax No.					
EDUCATIONAL HI	STORY: (List all prev	rious schools attended				
Name of School	From Month/Year	To Month/Year	Grade/Year	Level	Reason f	or Leaving
SCHOLASTIC ACH	IEVEMENTS					
Awards, Cita	tions or Honors Receive	ed Year Received		School		
EXTRACURRICUL	AR INVOLVEMENT					
Club	or Organization	Pe	Position School			

PARENT INFORMATION

			FAIHEK		MOTHER
Full Name					
Nickname					
Citizenship					
Birth Date					
Religion				WY CASE WAS ARRESTED AND THE WAS ARRESTED AND THE STATE OF THE STATE O	
Home Address					
Home Phone N	lumber				
Mobile Number	r	Commission Memory City Distinction		***************************************	
Occupation					
Designation					
Company					
Nature of Busin	iess				
Office Address					
Office Phone/F	ax				
Email Address					
Educational B	ackgro	und (Schools & De	gree Attained)		
High School					
College				1	•
Post Graduate				**************************************	
Marriage:		Church Civil Legally Separated Remarried Divorced	(Year (Year (Year (Year	_)	

ADDITIONAL INFORMATION

Name of Children	Sex	Age	Date of Birth	0 01	
		1150	Date of Birth	Current School	Current Level
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Do all the members of the family live together? [] Yes [] No, please elaborate.
Have you attended any parenting lectures/courses (like EduChild)? [] Yes [] No If yes, kindly state the date and place where you attended.
Does the work of the father or mother necessitate either parent being away from home for longer than one week per month, as in the case of job circumstances? If so, please state the details (why and how)
How did you first come to know about PAREF?
What made you apply for your child's admission in this PAREF school?
Please rank the factors below that greatly influenced your decision to apply in Southridge. (I being the most important and 5 the least.) Doctrinal and Character Formation Academic Reputation of the School Proximity to present residence Friendship with other parents Others, please specify.
Has your son ever repeated or skipped a grade or year level? [] No [] Yes, grade/year
Did your son receive remedial help in his previous school or elsewhere? (e.g. academic tutorials, speech therapy, occupational therapy, etc.) [] No [] Yes, please elaborate.
Has your son received any citation for academic work or extra-curricular activities? [] No [] Yes, please elaborate.
Has your son had any behavioral or disciplinary problems at his previous school(s) or in the neighborhood? [] No [] Yes, please elaborate.
Does your son have any special health concerns? [] No [] Yes, please specify.
Does your son require regular medication? [] No [] Yes, please specify.
Does your son exhibit any notable or special skill in any area? [] No [] Yes, please specify.

REFERRALS SECTION: Please state to	he name of the person / persons (if any) recomm	nended you to Southridge.
Recommended by:		
Recommended by:		
Recommended by:		
Please be advised that your son's applic information provided. The school mo misrepresentations on this form.	ration could be turned down if deemed incom Try permanently drop the student after en	plete and inaccurate as regard prollment should there be an
To the best of my knowledge, the informa	ation submitted on this form is true and correct.	
Signature of Father	Signature of Mother	Date