



PAREF SOUTHRIDGE SCHOOL

Hillsborough Alabang, West Service Rd. Muntinlupa City
Phone: (632) 807-8080 loc 137, 156 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 INFORMATION

Name: _____ Nickname: _____
Last Name First Name Middle Name

Birth Date: _____ Age: _____ Citizenship: _____ Religion: _____

Place of Birth: _____

Home Address: _____

Phone No. _____

Current School: _____ Current Level: _____

School Address: _____

Phone/Fax No. _____

EDUCATIONAL HISTORY: *(List all previous schools attended, starting with the current school.)*

Name of School	From Month/Year	To Month/Year	Grade/Year Level	Reason for leaving

SCHOLASTIC ACHIEVEMENTS

Awards, Citations or Honors Received	Year Received	School

EXTRACURRICULAR INVOLVEMENT

Club or Organization	Position	School

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.
(1 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 the name of the person / persons (if any) recommended you to Southridge.

Recommended by: _____

Recommended by: _____

Recommended by: _____

Please be advised that your son's application could be turned down if deemed incomplete and inaccurate as regards information provided. The school may permanently drop the student after enrollment should there be any misrepresentations on this form.

To the best of my knowledge, the information submitted on this form is true and correct.

Signature of Father

Signature of Mother

Date