



BRITISH SCHOOL

Centre for International Education

APPLICATION FOR ADMISSION

Color
Passport
size photo
(blue background)

First Name

Middle Name

Family Name

Gender

M

F

Level applied for

Foundation School

Primary School

High School

College

Year _____

Term _____

Status of Admission

With conditions

Without conditions

Date of Application

Home Address

Home Phone Number

Mobile Number

Email

Age

Birthdate (MM/DD/YY)

Birthplace

Nationality

Payment of School fees to be made by (please check)

Applicant lives with (please check)

Father (____%)

Mother (____%)

Father

Mother

Legal Guardian

Legal Guardian (____%)

Others (____%)

Others, please state name _____

If "Others", please state details of person / organisation responsible for payment of school fees:

Name / Organization

Address

Home Phone Number

Mobile Number

Personal Email

Office Phone Number

Fax

Office Email

State type of scholarship and how the scholarship is awarded _____

■ Academic Background of Applicant

Schools Attended

Location

Grade/Level

Year Attended

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Award and Honors Received

School Name

Grade/Level

_____	_____	_____
_____	_____	_____

List of Extra-Curricular/Co-Curricular Involvement in School or within the Community

Please discuss if applicant had been placed under compulsory counseling, disciplinary sanction/s or external intervention (psychologist, family therapist, psychiatrist). If yes, please attach narrative report from psychologist / family / therapist / psychiatrist or counselor.

■ **Father**

First Name	Middle Name	Family Name	
Age	Birthdate (MM/DD/YY)	Birthplace	Nationality
Home Address	Home Phone		Mobile Number
Company	Occupation	Position / Title	
Email	Office Phone	Fax	

■ **Mother**

First Name	Middle Name	Family Name	
Age	Birthdate (MM/DD/YY)	Birthplace	Nationality
Home Address	Home Phone		Mobile Number
Company	Occupation	Position / Title	
Email	Office Phone	Fax	

■ **Legal Guardian**

First Name	Middle Name	Family Name	
Age	Birthdate (MM/DD/YY)	Birthplace	Nationality
Home Address	Home Phone		Mobile Number
Company	Occupation	Position / Title	
Email	Office Phone	Fax	

■ **Siblings of Applicant**

Name	Grade/Level	Age	School

I/We certify that the information provided in this Admission Form is complete and correct.

I/We authorize the Centre for International Education (CIE) to request further information from former/current teachers/counselors/school administrators/attending physicians for verification of statements in this official document.

I/We understand that if any information obtained/gathered by CIE through interviews, other reports and pertinent documents are in conflict with the information provided in this application, CIE reserves the right to revoke ADMISSION and ACCEPTANCE.

Parent / Legal Guardian's signature

Date

Centre for International Education
168 Pres. Magsaysay Street, Kasambagan, Cebu City 6000 Philippines
Telephone 63.32.412.7622 | 63.32.233.2555

www.cie.edu

MAKATI • CEBU • TACLOBAN

_____ M F _____
 Name of Student Age Gender Level

_____ _____
 Name of Parent / Legal Guardian Telephone

■ Physical Examination

Height _____	Hearing _____	Allergies _____
Weight _____	Throat _____	_____
Eyes _____	Abdomen _____	Chronic Illnesses _____
Chest and Lungs _____	Cardiovascular _____	_____

Can this student participate in the following activities without endangering his/her health?
 Please answer "yes" or "no" on the box provided for.

Hiking <input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming <input type="checkbox"/> Yes <input type="checkbox"/> No	Aikido <input type="checkbox"/> Yes <input type="checkbox"/> No
Jogging <input type="checkbox"/> Yes <input type="checkbox"/> No	Tennis <input type="checkbox"/> Yes <input type="checkbox"/> No	Fencing <input type="checkbox"/> Yes <input type="checkbox"/> No
Dancing <input type="checkbox"/> Yes <input type="checkbox"/> No	Basketball <input type="checkbox"/> Yes <input type="checkbox"/> No	Rock Climbing <input type="checkbox"/> Yes <input type="checkbox"/> No
Calisthenics <input type="checkbox"/> Yes <input type="checkbox"/> No	Other ball games <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please specify other activities which this student is NOT physically fit to engage in.

■ Comment on students' general state of health

Signature of School Doctor _____ Date Signed _____

Name of Family Physician

Clinic Telephone Number

Clinic Address

■ Required Immunization (please specify date)

DPT #1	_____	OPV #1	_____	BCG	_____
DPT #2	_____	OPV #2	_____	Hepatitis A	_____
DPT #3	_____	OPV #3	_____	Hepatitis B	_____
MMR	_____	Tuberculin Test	_____	Typhoid	_____
Chicken Pox Vaccine	_____	HIB	_____	Cholera Vaccine	_____
Influenza	_____	Pneumonia	_____	Rotavirus Vaccine	_____
Human Papilloma Virus (HPV)	_____	Meningococcal	_____	Smallpox	_____

Has this student completed ALL his / her immunizations including booster shots? Yes No

If answer is NO, please indicate immunizations that are due _____

Is the student free from any communicable disease or infectious disease? Yes No

If answer is NO, please state types of disease/s _____

Does the student have chronic illnesses that the school authorities and school doctor should know? Yes No

If answer is "YES", please indicate disease and medications _____

Are there any medical restrictions for the student that the school authorities and other doctors should know? Yes No

If answer is "YES", please state all restrictions and reasons for this/these _____

Does this student have allergies to any medications? Yes No

Would you allow this student to be given temporizing medications for a symptomatic relief of fever, headaches, colds, asthma, allergies, etc. as prescribed by the school pediatrician? Yes No

This will clarify that the above named child is free from any communicable diseases and will be able to participate in any of your learning activities here in this school.

Signature of Physician _____ Date Signed _____

CONFORME

As parent and/or legal guardian of the student, I hereby declare that I am:

- Fully aware of the academic rigours of the CIE British School upon enrolling the student.
- Willing to work hand-in-hand with the school to bring out the potential of the student.
- Allowing the student to join school programmes (dance, plays, choral poetry, presentations, among others).
- Willing to actively participate in committees and fully support the school activities in the CIE British School.
- Willing to support the participation of the student in projects helping the community.
- Willing to volunteer our time in activities aimed at developing the student and the community.
- Willing to attend meetings, conferences, seminars, workshops or other activities held by the CIE British School for parents and/or legal guardians.
- Fully aware of, and have agreed to pay, the school fees and other expenses entailed to enroll in the CIE British School, inclusive of, but not limited to, registration fees, miscellaneous fees, books and/or worksheets, uniforms, development fund, Cambridge validation examination fees, among others.
- Fully aware that expenses are compulsory for Swimming class (Year 3-5), Art class (Year 3-12), Violin class (Year 6-12) and ICT class (Year 3-12).
- Fully aware that the CIE British School will entertain requests for withdrawals and refund only within the first two weeks from the start of classes.
- Fully aware that an approved withdrawal and/or refund transacted within the prescribed period is subject to administrative charges of 35%.
- Fully aware that ALL FEES of CIE are NON-REFUNDABLE and NON-TRANSFERRABLE after the first two weeks from the start of classes.
- Fully aware that all document requirements for the official enrollment of the student must be submitted within one month from the start of classes (NSO Birth Certificate, Form 138, among others).

I shall willingly abide by all the policies, rules and regulations of the CIE British School.

Signature of Parent / Legal Guardian _____ Date Signed _____