Centre for International Education

APPLICATION FOR ADMISSION

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

______________________________
Applicant Information

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)

Father (______%)

Mother (______%)

Legal Guardian (______%)

Others (______%)

Applicant lives with (please check)

Father

Mother

Legal Guardian

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.
## Family Information

### Father

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### Legal Guardian

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### Siblings of Applicant

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<tr>
<th>Name</th>
<th>Grade/Level</th>
<th>Age</th>
<th>School</th>
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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
Can this student participate in the following activities without endangering his/her health? Please answer “yes” or “no” on the box provided for.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Hiking</td>
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<tr>
<td>Jogging</td>
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<tr>
<td>Dancing</td>
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<tr>
<td>Calisthenics</td>
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<td>Swimming</td>
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<td>Aikido</td>
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<td>Tennis</td>
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<td>Fencing</td>
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<td>Basketball</td>
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<td>Rock Climbing</td>
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<tr>
<td>Other ball games</td>
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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 Address

Required Immunization (please specify date)

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

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  ___________________________
How did you learn about CIE?

[ ] I am a parent of a student already in CIE (Name: ____________________________)

[ ] I saw an advertisement (Publication: ____________________________)

[ ] I read an article (Publication: ____________________________)

[ ] I was referred by a friend (Name: ____________________________)

[ ] I was referred by a CIE parent (Name: ____________________________)

[ ] Others, please specify: ____________________________________________

What made you consider CIE as the school of choice for your child?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What support do you usually give your child in terms of academic and non-academic projects or activities in school?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What is your role as a parent or legal guardian of your child as far as education is concerned?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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-TRANSFERABLE 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 _________________