



# EVEREST ACADEMY NUVALI APPLICATION FORM

Date of Application: \_\_\_\_\_ For Level: \_\_\_\_\_ SY 20\_\_\_\_ to 20\_\_\_\_  
Day Month Year

***\*Please do not leave any blanks, for items that are not applicable kindly write NA.***

## STUDENT INFORMATION

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ ☐ Adopted Age: \_\_\_\_\_ ☐ Male ☐ Female  
Day Month Year

Home Address: \_\_\_\_\_  
House/Unit No Street Barangay

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
City Zip/Postal Code

Nationality: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Languages Spoken: Primary \_\_\_\_\_ Others \_\_\_\_\_

Religion: \_\_\_\_\_ Baptized: ☐ Yes ☐ No Religion Baptized in: \_\_\_\_\_

\_\_\_\_\_   
Date Church City

Parish or place of worship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## SCHOLASTIC INFORMATION

Present School: \_\_\_\_\_

Present School's Curriculum : ☐ Philippine ☐ American ☐ British ☐ other \_\_\_\_\_

Website: \_\_\_\_\_

Head of school: \_\_\_\_\_ Phone: \_\_\_\_\_

Last grade level completed: \_\_\_\_\_ Last month/year attended \_\_\_\_\_ / \_\_\_\_\_ School Calendar Months \_\_\_\_\_  
start/end

Reason for leaving: \_\_\_\_\_

How did you come to know about Everest Academy?

☐ Open House   ☐ Website   ☐ Ad   ☐ Friend/Relative   ☐ Everest employee/parent \_\_\_\_\_  
(please specify name)

☐ Other: \_\_\_\_\_

**PERSONAL HISTORY**

Please list three words that would best describe your child's personality:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What would you like to tell us about your child that will help us to know him/her better?

We would be interested to know about any special talents, gifts or interests that he/she may possess, as well as areas in which you would like to see further development.

---

---

---

---

---

---

What are the most important qualities you are looking for in your child's education?

---

---

---

---

---

Why do you want your child to attend Everest Academy?

---

---

---

---

What form of discipline do you use at home and how does your child respond?

---

---

---

---

Has your child had any behavioral/disciplinary difficulties at previous schools? ☐ No ☐ Yes. If YES, please give details.

---

---

---

Please describe any illnesses, diseases, or disabilities, which either have affected or may limit your child's participation in school activities.

---

---

---

Has your child had any behavioural, psychological or educational evaluations? ☐ No ☐ Yes

If yes, when was your child evaluated? \_\_\_\_\_

Who referred your child for evaluation? \_\_\_\_\_

What is your child's behavioural, psychological or educational need based on the evaluation report?  
(e.g. ADHD, ASD, Speech Delay etc.)

---

---

Was your child recommended to undergo intervention or therapy? ☐ No ☐ Yes

If yes, what type of therapy did/ does your child undergo?

---

---

What is the duration of therapy? (Write inclusive days/ weeks/ months)

---

---

Name of specialist/ therapist \_\_\_\_\_

Hospital/ Clinic name and address \_\_\_\_\_

Contact number of specialist/ therapist \_\_\_\_\_

**\* Please submit a photocopy of your child's complete evaluation and therapy report.**

**PARENT INFORMATION**

Father's full name: \_\_\_\_\_ Mother's full name: \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Civil status: \_\_\_\_\_ Civil status: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Type of business: \_\_\_\_\_ Type of business: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work address: \_\_\_\_\_ Work address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Educational attainment: \_\_\_\_\_ Educational attainment: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

*Day Month Year*To whom should admission correspondence be sent? ☐ Father ☐ Mother ☐ Both

Emergency Contact Person if parents cannot be reached \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Person financially responsible for tuition payments: \_\_\_\_\_

Please check the following if applicable:

- ☐ Mother deceased   ☐ Father deceased   ☐ Parents separated/divorced  
☐ Parents separated   ☐ Mother remarried   ☐ Father remarried

If applicant does not live with both parents, please explain family situation:

---

---

**OTHER CHILDREN**

---

<i>Name</i>	<i>Present School / Grade</i>	<i>Date of Birth</i>
-------------	-------------------------------	----------------------

<i>Name</i>	<i>Present School / Grade</i>	<i>Date of Birth</i>
-------------	-------------------------------	----------------------

<i>Name</i>	<i>Present School / Grade</i>	<i>Date of Birth</i>
-------------	-------------------------------	----------------------

What types of activities do you enjoy as a family? \_\_\_\_\_

---

---

**REFERENCES**

Please list below the names, schools, and telephone numbers of those who will be completing the recommendation forms.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School: \_\_\_\_\_ Phone number: \_\_\_\_\_

I/We, the undersigned parent(s) or guardian(s), acknowledge that the information submitted in this application form is true and correct. I/We understand that failure to provide complete and accurate information of any kind on this form will void the application and could result in the student being permanently dropped from Everest Academy after being enrolled. I/We allow Everest Academy to contact the student's previous school for further information about him / her, as needed. All information submitted is deemed confidential and will be treated as such by Everest Academy.

**Father or Guardian**

**Mother or Guardian**

---

*Printed Name*

---

*Printed Name*

---

*Signature/Date*

---

*Signature/Date*