



ATHENEUM

Noveleta, Cavite

APPLICATION FORM

SCHOOL YEAR: 20____ - 20____

CATEGORY: NEW TRANSFEREE RETURNEE

LAST NAME:

GIVEN NAME:

MIDDLE NAME:

EXTENSION NAME (e.g., Jr., III):

NICKNAME:

GRADE LEVEL APPLIED FOR: _____

(For Senior High School only)

STRAND: ABM HUMSS STEM

LEARNER REFERENCE NUMBER (LRN)

(if available)

PREFERRED MODALITY:

OPTION 1: Participate in Face-to-Face Classes in the Classroom and Do Online Work

OPTION 2: Participate in Face-to-Face Classes via Zoom or Live Streaming and Do Online Work

PERSONAL INFORMATION

DATE OF BIRTH

Month Day Year

PLACE OF BIRTH

AGE

GENDER

NATIONALITY

RELIGION

COMPLETE HOME ADDRESS

No.

Street Name

Village/Subdivision

Barangay

Town

City

Zip Code

TELEPHONE NO.

MOBILE NO.

EMAIL ADDRESS

SCHOOL LAST ATTENDED

ADDRESS OF SCHOOL LAST ATTENDED

RECOGNITION RECEIVED

(specify honors or awards received)

FAMILY INFORMATION

	FATHER	MOTHER
Name (Last Name, Given Name, Middle Name)		
Age		
Profession/Occupation		
Company Name		
Company Address		
Position		
Telephone Number (Work)		
Telephone Number (Home)		
Mobile Number		
Email Address		

Name of Siblings	Age	Gr./Yr. Level/Occupation	School/Employer

IN CASE OF AN EMERGENCY, IF UNABLE TO CONTACT PARENT, CONTACT:

Legal Guardian:	Telephone Number (Home):
Relationship to Applicant:	Mobile Number:
Home Address:	Email Address:

FINANCIAL INFORMATION

- Who will be responsible for the payment of tuition and fees?
 - Parents
 - Education Plan *(please specify)*

 - Other family members *(grandparents, uncle, aunt, brothers, sisters, etc.)*
 - Parent's company benefit
 - Scholarship
- Please check your gross annual family income.
 - ₱1M and above
 - ₱999,000 - ₱700,000
 - ₱699,000 - ₱400,000
 - ₱399,000 - ₱100,000
 - ₱99,000 and below

HEALTH INFORMATION

- Has the child been diagnosed with any of the following? *(Please check and specify)*
 - Vision Impairment Please specify _____
 - Speech/Language Delay Please specify _____
 - Learning Disability Please specify _____
 - Behavioral Disorder Please specify _____
- Are there other concerns with the child's health? *(Please provide details)*

- COVID-19 Vaccination Status
 - Partially Vaccinated (1 dose)
 - Fully Vaccinated (2 dose)
 - Fully Vaccinated with Booster Dose
 - Unvaccinated

OTHER INFORMATION

- How did you find out about the school?
 - Referral by whom? _____
 - Streamers
 - Print Ads
 - Website
 - Social Media
 - Others: _____
- Why do you want to study at ATHENEUM? *(Check all that applies)*
 - High Quality Education
 - Good Brand/Reputation
 - Accessibility and Location
 - Reasonable Tuition Fee
 - Competence of Teachers
 - School Facilities
 - Influenced by family/relatives/friends
 - Others: _____
- Will you avail of the school bus service?
 - Yes
 - No
- Do you have any concerns on the following i.e., security, tuition fee, connectivity, gadgets, etc.?
 - Yes
 - No

I DECLARE THAT THE INFORMATION PROVIDED HEREIN ARE TRUE AND CORRECT.

Signature of Learner Over Printed Name
(Except Nursery/Prep Pupils)

Signature of Parent/Guardian Over Printed Name

Date Filed

DATA PRIVACY CLAUSE

All data included in this Application Form shall be treated as confidential, processed in accordance with R.A. No. 10173 (Data Privacy Act of 2012) and used only in relation to the application of the student-applicant for admission to ATHENEUM SCHOOL.

Processing Fee: PAID NOT PAID

OR Number: _____

Date: _____