



BLOOMFIELD ACADEMY

W. Tecson Ave., Vista Grande
BF Resort Village., Las Piñas City
874-1516 / 874-1513 / 873-7673

APPLICATION FOR ADMISSION HIGH SCHOOL DEPARTMENT

A. PERSONAL DATA

New Student Returning

Student No.: _____

Name: _____ Sex: _____
Surname First Name Middle Name

Year Level Applied for: _____ Nationality: _____ Religion: _____ Date of Confirmation: _____

Age as of June: _____ Birthdate: _____ Birthplace: _____

Home Address: _____ Home Tel. No/s.: _____

Intermediate Course Completed (School): _____ School Year: _____

Name & Address of School last attended: _____ Tel. No/s.: _____

Extra Curricular Activities: _____ Honors Obtained: _____

B. FAMILY DATA

FATHER

MOTHER

Name _____

Highest Educational Attainment _____

Occupation/Position _____

Office Address _____

Telephone Number/s _____

Mobile Number/s _____

Brother/s or Sister/s at Bloomfield _____ Grade/Year _____

Student's Birth Order _____ No. Children / Sibling/s: _____

_____ Date of Application

_____ Printed name and Signature of the Person Supplying the Information

VALIDATION FORM

**To be filled-up by B.A. Personnel only*

I. Registrar's Office

1. Application Form (2 copies) _____ Authorized Signature _____ Date _____

2. Birth Certificate _____

3. Baptismal Certificate (for Catholics only) _____

4. Three (3) pcs. 1 x 1 I.D. picture (colored) _____

5. Latest Report Card (2 pcs. photocopy only) _____

6. Recommendation Forms (Principal or Guidance/Adviser) _____

7. B.A. Medical Form (upon payment of reservation/enrollment) _____

II. Cashier Application Fee O.R. Number: _____

III. Guidance Office Date & Time of Examination : _____

Total Points Earned : _____

Action Taken: Passed - Academic Status: _____ Not qualified for admission

_____ Psychometrician

_____ Guidance Counselor

_____ Registrar

_____ Date

Comments: _____

_____ Authorized Signature

_____ Date



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**APPLICATION FOR ADMISSION
GRADE SCHOOL DEPARTMENT**

A. PERSONAL DATA

New Student Returning

Student No.: _____

Name: _____ Sex: _____

Surname

First Name

Middle Name

Grade Applied for: _____ Nationality: _____ Religion: _____ Date of Confirmation: _____

Age as of June: _____ Birthdate: _____ Birthplace: _____

Home Address: _____

Home Tel. No/s.: _____

School last attended (if any): _____ School Year: _____

Complete Address of School last attended: _____

Tel. No/s.: _____

Extra Curricular Activities: _____ Honors Obtained: _____

B. FAMILY DATA

FATHER

MOTHER

Name _____

Highest Educational Attainment _____

Occupation/Position _____

Office Address _____

Telephone Number/s _____

Mobile Number/s _____

Brother/s or Sister/s at Bloomfield _____ Grade/Year _____

Student's Birth Order _____ No. Children / Sibling/s: _____

Date of Application

Printed name and Signature of the Person Supplying the Information

VALIDATION FORM

**To be filled-up by B.A. Personnel only*

I. Registrar's Office

1. Application Form (2 copies) _____ Authorized Signature _____ Date _____

2. Birth Certificate _____

3. Baptismal Certificate (for Catholics only) _____

4. Three (3) pcs. 1 x 1 I.D. picture (colored) _____

5. Latest Report Card (2 pcs. photocopy only) _____

6. Two Recommendation Forms (Principal or Guidance/Adviser - Grade IV-VI) _____

7. B.A. Medical Form (upon payment of reservation/enrollment) _____

II. Cashier Application Fee O.R. Number: _____

III. Guidance Office Date & Time of Examination : _____

Total Points Earned : _____

Action Taken: Passed - Academic Status: _____ Not qualified for admission

Psychometrician

Guidance Counselor

Registrar

Date

Comments:

Authorized Signature

Date



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ENTRANCE INTERVIEW QUESTIONNAIRE GRADE SCHOOL

Name of Applicant: _____ Grade Applied for: _____ Date: _____

Welcome to Bloomfield Academy!

We believe that it is essential for us to get to know your child even before he/she starts schooling with us, to better gauge his/her potentials. Thus we would like to request you to kindly take time to answer the following questions.

1. Why do you wish to enroll your child at Bloomfield Academy? _____

2. What would you like to see your child attain/achieve while enrolled at Bloomfield Academy? (academic, spiritual, social, physical, etc.) _____

3. What subjects in school have interested your child the most? _____

4. In what subjects in school would you want him/her to improve his/her performance? _____

5. What activities in school have interested your child the most? _____

6. What are his/her academic strengths? weaknesses?

strengths : _____

weaknesses : _____

7. What musical instrument/s does your child play? _____

8. What leadership qualities does your child have? (as club/class officer, group leader, monitor, etc.) _____

9. What form of classroom discipline do you support for your child? We believe in developing constructive attitudes and habits of conduct in order to create an orderly classroom atmosphere for maximum learning. We have rules and regulations based on willing cooperation for the good of the group and imposed firmly but with kindness and impartially. What works best with your child? _____

10. What type of teacher motivates your child? _____

11. Did your child attend pre-school? What levels and where? _____

12. Did your child have any traumatic experience/s? (please specify) _____

13. Does your child have any problem? (health, physical, educational, emotional, and social) Please specify: _____

14. Is there anything else about your child that you feel is important for us to know? _____

This is to certify that I have answered all questions honestly and to the best of my abilities. If I have withheld any information, which could contribute to any untoward incident that could happen to my child, I shall not hold the school responsible and liable for such.

Printed name of Parent/Guardian Supplying the Information

Signature

Date



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ENTRANCE INTERVIEW QUESTIONNAIRE HIGH SCHOOL

Name of Applicant: _____ Year Applied for: _____ Date: _____
Name of Father : _____ Name of Mother: _____
Name of Guardian: _____ Relation to Applicant: _____

Welcome to Bloomfield Academy!

Dear Parent/Guardian:

We believe that it is essential for us to get to know your child even before he/she starts schooling with us, to better gauge his/her potentials. Thus, we would like to request you to kindly take time to answer the following questions.

1. Why do you wish to enroll your child at Bloomfield Academy? _____

2. What are the academic strengths of your child in school? _____

3. In what subject/s would your child need significant improvement/s? _____

4. What extra-curricular activities have interested your child the most? _____

5. Has your child been elected as officer in any official school organization? If YES, for how many school years and what positions did he/she hold? _____

6. Was he/she ever warned or suspected for violating school rules and regulations? If YES, indicate the type of violation, and number of times and type of sanction given for the same offense. _____

7. Has he/she attended any special school? If YES, what is the name and the nature of its specialization? _____

8. Has your child undergone psychiatric or counseling therapy? If YES, what for? _____

9. Are you finding it difficult to discipline your child? If YES, in what areas? _____

10. Does your child require remedial classes and/or private tutoring? If YES, in what areas? _____

11. Who monitors your child's school problems and progress? _____

12. Can you come when called upon for a conference with his/her cluster head, teacher, and or guidance counselor? _____

This is to certify that I have answered all the above questions honestly and to the best of my abilities. If I have withheld any information which could contribute to any untoward incident involving my child, the school shall not be held liable or responsible for any costs or damage that may be incurred by such possible untoward eventualities, and will or may be a basis for the release of my child from your institution.

Conforme:

Printed name of Parent/Guardian Supplying the Information

Signature

Date