IJASAT Form #1

INFANT JESUS ACADEMY
STUDENT ADMISSION TEST (IJASAT)
APPLICATION FORM

Application No. _____

TO THE APPLICANT'S PARENT/GUARDIAN:
Thank you for considering Infant Jesus Academy as a potential partner in your child's education.
The following **INITIAL** requirements are to be submitted **UPON APPLICATION:**

• correctly and completely accomplished IJASAT application form	• proof of payment of application fee
• photocopy of NSO birth certificate (**present original copy for verification**)	• photocopy of most recent report card (Form 138)
• two (2) IJASAT Letters of Recommendation (**for Grades 4 – 12 applicants only**)	• good moral certificate

*The application fee is non-refundable and does not guarantee admission; however, it is ***DEDUCTIBLE*** from the tuition fee for applicants who ***PASS THE ENTRANCE EXAM, ARE ACCEPTED*** and ***ENROLL*** by ***APRIL 30.***

PERSONAL DATA

NAME (Surname / Given Name / Middle Name)					GRADE APPLYING FOR
DATE OF BIRTH	AGE	SEX	PLACE OF BIRTH	CITIZENSHIP	RELIGION
ADDRESS					

EDUCATIONAL BACKGROUND

Has the applicant been previously enrolled at Infant Jesus Academy? _____ Yes _____ No
If yes, in what grade? _____ School Year _____ Reason for leaving _____

SCHOOLS PREVIOUSLY ATTENDED	INCLUSIVE GRADE LEVEL	INCLUSIVE SCHOOL YEAR	HONORS/AWARDS RECEIVED

FAMILY BACKGROUND

NAME OF FATHER	OCCUPATION	HIGHEST EDUCATIONAL ATTAINMENT IJA ALUMNUS _____YES _____NO	MOBILE PHONE NUMBER
NAME AND ADDRESS OF COMPANY			OFFICE PHONE NUMBER
NAME OF MOTHER	OCCUPATION	HIGHEST EDUCATIONAL ATTAINMENT IJA ALUMNA _____YES _____NO	MOBILE PHONE NUMBER
NAME AND ADDRESS OF COMPANY			OFFICE PHONE NUMBER

NAME OF GUARDIAN	RELATIONSHIP TO THE APPLICANT	OCCUPATION	CONTACT NUMBER
HOME ADDRESS	NAME AND ADDRESS OF COMPANY		

Does the applicant have siblings enrolled at IJA? _____Yes _____ No If yes, please indicate name and grade.

NAME AND GRADE	NAME AND GRADE
NAME AND GRADE	NAME AND GRADE

Is there any information about the applicant that you may wish to share such as medical condition, disability, phobia and allergies? (Please use reverse side for more space)

I certify that the above information is true and correct to the best of my knowledge. I also authorize the school to use my child's personal information stated in this application form to create and/or update his/her learner profile in the School Management System. The information herein shall be treated with confidentiality in compliance with the Data Privacy Act of 2012.

FORM FILLED BY:	SIGNATURE	DATE

PLEASE DO NOT WRITE BELOW THIS LINE

ADMISSION PROCEDURE	RESULT	REMARK	SIGNATURE	DATE
SCHOLASTIC RECORD	☐ PASSED ☐ FAILED			
ENTRANCE TEST RESULT	☐ PASSED ☐ FAILED			
INTERVIEW RESULT	☐ PASSED ☐ FAILED			
EVALUATION	☐ PASSED ☐ W/ CONDITION ☐ FAILED			
VERIFICATION	☐ PASSED ☐ W/ CONDITION ☐ FAILED			