



# Application for Admission | Brent International School Baguio

## STUDENT INFORMATION

Full Legal Name: \_\_\_\_\_  
Last name First name Middle Name

Nickname: \_\_\_\_\_ Religion: \_\_\_\_\_  
(optional)

Gender:  Male  Female Current Grade: \_\_\_\_\_

Applying for admission to grade \_\_\_\_\_, entering in \_\_\_\_\_ of 20\_\_\_\_\_.  
Month Year

Are you a returning Brent Student?  No  Yes What grade/s and years did you attend Brent? \_\_\_\_\_

Is this your first application to Brent?  No  Yes

You are applying as a:  Day student  Boarding student

Current School's Curriculum:  IB  British  American  Philippines  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Citizenship/Passport: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Month / Day / Year

Residential Address in the Philippines: \_\_\_\_\_

Mailing Address in the Philippines for correspondence:  Same as residential address above. If not please provide:

Mailing Address in the Philippines for billing:  Same as residential address above. If not please provide:

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Languages Spoken: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

How did you find out about Brent School?  Referred by \_\_\_\_\_  Website  Other: \_\_\_\_\_

## PERSONAL HISTORY

Has your child skipped a grade?  No  Yes What grade/s? \_\_\_\_\_

Has your child ever been in a gifted program?  No  Yes What grade/s? \_\_\_\_\_

Has your child ever been retained (repeated a grade)?  No  Yes What grade/s? \_\_\_\_\_

Has your child had any specific learning difficulties?  No  Yes **Please provide details:**

Has your child received extra help in school?  No  Yes **Please describe:**

Has your child ever been enrolled in a Learning Support Program?  No  Yes **Please provide details:**

Has your child ever had an Individual Educational Plan (IEP)?  No  Yes **Please provide a copy to Admissions**

Has your child ever had a psycho-educational evaluation?  No  Yes **Please provide a copy to Admissions**

Does your child have any emotional issues?  No  Yes **Please elaborate:**

Attach recent  
passport-size  
photograph here

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Does your child have any physical disabilities/impairments?  No  Yes **Provide details:**

Does your child have any medical conditions?  No  Yes **Provide details:**

Has your child had counseling for personal or emotional difficulties?  No  Yes **Please elaborate:**

Has your child recently received any English language support (ESL) at school?  No  Yes **Please provide details:**

## ENGLISH LANGUAGE PROFICIENCY

For applicants in which English is NOT the first language.

SKILLS	Fluent	Strong, but needs improvement in reading/writing	Limited abilities	Beginner
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening (understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SCHOLASTIC INFORMATION

Applicant's current, or most recent, school: \_\_\_\_\_ Website: \_\_\_\_\_

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

Head of School, Name and Email: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Last month/year attended: \_\_\_\_/\_\_\_\_

School's Calendar Months \_\_\_\_\_

Name of school/s attended	Country	Dates attended month/year to month/year	Age of Applicant	Grade level, year, form or standard name	Language of instruction
		to	(Age) 3		
		to	4		
		to	5		
		to	6		
		to	7		
		to	8		
		to	9		
		to	10		
		to	11		
		to	12		
		to	13		
		to	14		
		to	15		
		to	16		
		to	17		

Why are you changing schools? (For grades 6 – 12 only) \_\_\_\_\_

Is the applicant eligible to remain, or return to, their most recently attended school?  Yes  No Reason:

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Did the applicant pass all subjects during the last grading period?  Yes  No Subjects failing are:

Has the applicant ever received disciplinary action in a former school?  Yes  No

Detention: \_\_\_\_\_ Suspension: \_\_\_\_\_ Please state reason/s: \_\_\_\_\_

How long does the applicant intend to study at Brent? \_\_\_\_\_

If applying for admission to Grade 9, 10, or 11, does the applicant intend to finish Grade 12?  Yes  No

Honors, Awards and Outstanding Achievements (team captain, class president, role in a play, etc.):

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**STUDENT INTERESTS (CHECK ALL THAT APPLY)**

- Arts and design
- Creative writing
- Fitness/ Walking
- School magazine
- Strings
- Vocal music
- Ballet
- Cross country
- Golf
- Scrabble
- Student council
- Volleyball
- Basketball
- Debate
- Horseback
- Scuba diving
- Swimming
- Website design
- Camping
- Drama
- Modern jazz
- Sewing
- Taekwondo
- Yearbook
- Chess
- Drawing
- Photography
- Soccer
- Tennis
- Other: \_\_\_\_\_

Does your child have any special interests or talents? \_\_\_\_\_

**FOREIGN PASSPORT HOLDERS**

Upon acceptance, the Admissions office will provide the family with information from the Office of the Registrar regarding visas. The family will need to complete and submit the forms prior to the first day of school.

Brent International School Baguio has all the support necessary to help with any visa issues, but it is very important to submit the documents in a timely manner so that the student can start attending classes.

## PARENT INFORMATION

Father  Stepfather  Mr.  
Title (Atty., Dr., etc.): \_\_\_\_\_

Mother  Stepmother  Ms.  Mrs.  
Title (Atty., Dr., etc.): \_\_\_\_\_

Father		Mother
	Full Name	
	Citizenship (passport)	
	Philippine Visa Category	
	Religion (optional)	
	Home Address (if different from applicant)	
	Home Tel. No.	
	Mobile No.	
	Occupation/Title	
	Company Name	
	Company Address	
	Work Phone No.	
	Work Fax No.	
	Email address	

## PARENTAL STATUS

Check where applicable: (If description does not apply to your family, please adjust the wording.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Parent Married   | <input type="checkbox"/> Applicant Adopted | <input type="checkbox"/> Single Parent     |
| <input type="checkbox"/> Father Deceased  | <input type="checkbox"/> Mother Deceased   | <input type="checkbox"/> Parents Separated |
| <input type="checkbox"/> Father Remarried | <input type="checkbox"/> Mother Remarried  | <input type="checkbox"/> Parents Divorced  |

For Day students, applicant lives with (Philippines):

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Father and Mother | <input type="checkbox"/> Father            | <input type="checkbox"/> Mother   |
| <input type="checkbox"/> Stepfather/Mother | <input type="checkbox"/> Stepmother/Father | <input type="checkbox"/> Guardian |

Please indicate who is/are responsible:

- |                                   |                                 |                                 |                                   |                              |
|-----------------------------------|---------------------------------|---------------------------------|-----------------------------------|------------------------------|
| For school-related decisions      | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian | <input type="checkbox"/> All |
| To receive school correspondences | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian | <input type="checkbox"/> All |

## SPONSORING ORGANIZATION/COMPANY

**If an organization/company will pay the school fees, please submit a Guarantee of Payment letter (template available upon request).**

Organization Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SIBLINGS

Name	Age	Grade level	School	Applying to Brent (Yes/No)

## GUARDIAN

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

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

Home Tel. No.: \_\_\_\_\_ Office Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## FIELD TRIP PERMISSION SLIP

(For all levels)

We hereby give permission for \_\_\_\_\_ to go on any and all short field trips that may be sponsored by the school throughout the year. We understand that field trips under this category shall be:

- within the city boundaries; and,
- contained within the normal school hours.

We understand every precaution will be taken for the students' safety. This will be for as long as my child is a student at Brent International School Baguio.

\_\_\_\_\_  
Father's Name and Signature  
(or Legal Guardian in the absence of parents)

\_\_\_\_\_  
Mother's Name and Signature

\_\_\_\_\_  
Date

## PERMISSION FOR DRUG TESTING

(For Grades 6 to 12)

We believe a healthy educational environment is a drug-free environment. Our philosophy at Brent International School Baguio centers on prevention and education with regards to the use of drugs, tobacco, and alcohol. Further, we believe the majority of our students choose not to use these substances, and we want to reinforce those positive decisions whenever and wherever possible.

We also recognize, however, that teenage peer pressure can be profound. We therefore believe strongly in an education and detection system that enables our young people to stay drug free throughout their years at Brent and beyond. To assist our students with their decisions and to enable them to make positive choices where drugs are concerned, we will conduct random urinalysis of our students from time to time. We ask your cooperation as a parent in consenting to these tests when we deem them necessary and when your child is selected. Parents will be notified of the results of all urinalysis testing.

Our intention for students who test positive is that drug treatment / intervention will be provided. Subsequent positive tests after rehabilitation, however, may be grounds for dismissal of that student from Brent. Refusal to sign this permission document by the parent may also constitute grounds for dismissal of the student from Brent International School Baguio.

I give Brent International School Baguio permission to conduct drug tests (urinalysis) as they deem necessary.

\_\_\_\_\_  
Applicant's Name and Signature

\_\_\_\_\_  
Parent's/Guardian's Name and Signature

\_\_\_\_\_  
Date

# AGREEMENT

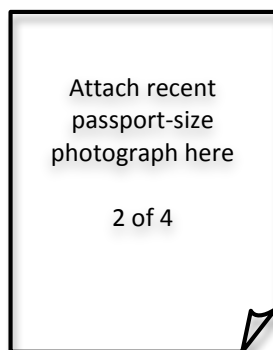
The parent/guardian signature below constitutes agreement with the following:

1. It is required that at least one parent or an officially designated guardian must legally reside and live with the student in the Philippines.  
**Except in special and approved circumstances, students not living full time with their parents or first degree relative (father or mother of either parent, or brother or sister of either parents) are required to be boarders.**
2. It is required that the student's parent/s or guardian should notify the school for any change in contact information of the student or in the recorded designated guardian.
3. The student and the parent/s or guardian will abide by the school's established policies and procedures.
4. The student's parent/s or guardian understand that students, when at school on school property, when taking or boarding the Brent school bus on organized field trips, are supervised by staff members and/or other responsible adults who will exercise all reasonable caution. However, student's parent/s or guardian agrees that the school and its members cannot accept any liability for accidents or incidents that may occur either at school or en route to and from school during the student's participation in Brent school field trips.
5. It is the responsibility of the student's parent/s or guardian to ensure that students are covered with the current and comprehensive health insurance during their time at Brent School. Should an accident occur on school property or during a school-related event, the school's liability will not exceed Php 35,000.00.
6. The student's parent/s or guardian grants permission to Brent School to use the student's photos in print or digital promotions for the school, as well as on its website.
7. The student's parent/s or guardians grant permission to Brent Schools Inc. to use all personal information collected in accordance with Bent's Data Protection Policy.
8. Families need to communicate with Brent School regarding legal documentation, when applicable. Foreign passport holders will complete and submit the required forms to the Office of the President and CEO regarding visas prior to the first day of school.
9. Understanding the Christian ecumenical environment at Brent, and that there is an established Brent curriculum that all students experience, I am aware that my child will attend a weekly assembly that includes a chapel portion, and that a religion course is required in most grade levels.
10. The student's parent/s or guardian has provided information without omissions or falsification and provided all supporting documents to complete the application. In the event that it is revealed that the student's parent/s or guardian deliberately falsified or omitted information, Brent School reserves the right to withdraw at anytime an enrolled student.
11. I authorize Brent School to contact this applicant's former school/s for the purpose of obtaining and/or verifying student records.

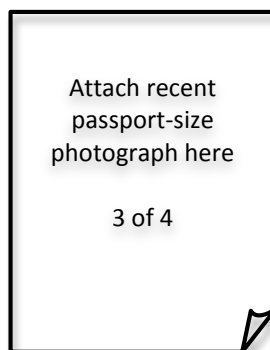
\_\_\_\_\_  
Parent's/Guardian's Printed Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date



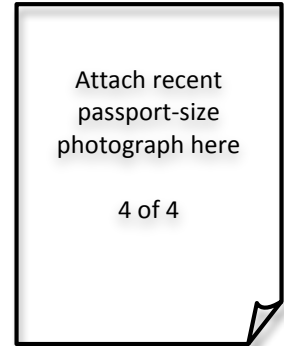
For Guidance Office



File Copy



This form is used by the Clinic in conjunction with the Updated Medical Form given on the first day of classes. Please complete neatly and accurately.



Student's Name: \_\_\_\_\_  
Last Name                      First Name                      Middle Name

Nickname: \_\_\_\_\_ Gender:  M     F

Home Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Lives With: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Father's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Alternate person(s) to contact in case of emergency:

Name	Relationship to Student	Phone/Mobile Number

## HEALTH INFORMATION

Does your child have an illness or condition (heart condition, seizures, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
Does your child have a suspected or diagnosed special need (ADD, autism, speech delay, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
Has your child received any psychological counseling or visited a psychologist/psychiatrist?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please attach professional evaluation.
Does your child have any allergies (to medication, food, pets, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
Does your child receive any medication or medical treatment, either regularly or occasionally?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
Has your child ever been hospitalized for any reason?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
If you know your child's blood type, please indicate:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O	Rh type: <input type="checkbox"/> + <input type="checkbox"/> -

Do you have a family doctor?     No     Yes

Doctor's Name: \_\_\_\_\_

Hospital/Clinic Name: \_\_\_\_\_

Hospital/Clinic Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

If your doctor prescribes any recommendations or restrictions during the school-year regarding your child's health, please submit the recommendations or certificates to the school as soon as possible. Otherwise, your child will be considered "Physically Fit" and able to participate in Physical Education (P.E.) activities required by the curriculum and in other activities that may be part of the school program.

## AUTHORIZATION AND MEDICAL EMERGENCY FORM

WE, the parents/guardians of \_\_\_\_\_ who is currently enrolled at **Brent International School Baguio** hereby undertake and state:

That we are aware that **Brent International School Baguio** has a full-time nurse who will provide and care for any minor medical problems which students may have during the school day;

That in the event of cases falling within the competence of the school nurse, we hereby agree that she shall administer any and all medical treatments and procedures required and that this shall be done in the school premises, preferably at the School Clinic;

In cases requiring medical care and attention or emergency psychological attention beyond the competence of the school, we hereby authorize **Brent International School Baguio**, and its officers and authorities to cause the administration of said medical attention and procedures for and in our behalf;

That included in this authority is the power to sign, for and in behalf, the necessary medical release and waiver forms which hospitals and medical practitioners may require in emergency or serious cases;

That the medical expenses immediately needed shall be defrayed by **Brent International School Baguio** and shall be reimbursed by us as soon as we are contacted;

That **Brent International School Baguio** shall notify us immediately of any medical or other emergency eventually involving our child. The authority, as well as the obligation, of **Brent International School Baguio** as herein outlined shall cease as soon as we are able to come to Baguio to communicate with the attending hospital or medical practitioner relative to the medical care and attention of our child;

That in order to aid **Brent International School Baguio** and any medical practitioner or hospital in the care of our child, we hereby state the following conditions/dates regarding our child:

a. Illness or any particular health condition	
b. Allergies	
c. Medication/s that must be taken on a regular basis	
d. Other helpful information/dates	

That if our child develops any other medical condition not herein mentioned, we shall inform the school nurse, in writing, immediately.

That this information will be valid as long as my child is a student at **Brent International School Baguio**.

\_\_\_\_\_  
**Father's Printed Name**  
 (or Legal Guardian in the absence of parents)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother's Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

***Please attach a photocopy of your child's Immunization Record to this form.  
 Although no particular immunizations are required, please consider that the Philippines is in the tropical zone.***