



## Personal Details

Attach 2x2 picture with white background. The photo must be taken in the past 6 months.

Please print the name of applicant at the back of the picture.

Last Name :

First Name :

Nickname :

Middle Name :

Date of Birth :

Age :

Gender :

Place & Country of Birth :

Height (cm):

Weight (kg):

Citizenship :

Religion :

Present Address (Philippines) :

State / Province :

Landline Number :

Mobile Number :

Email Address :

Foreign Address (outside the Philippines) :

State / Province :

Landline Number :

Mobile Number :

Email Address :

## Reasons for Choosing Bannister Academy

1.

2.

3.

4.

Is this your first time to apply?  Yes  No, I applied in SY :

Mode of inquiry :  Phone  Walk-in  Email

How did you first find out about Bannister Academy? (Check below)

Referred by :

Contact No. of Referrer :

Relation to Applicant:

Website (How were you directed to the website?)

Search Engine (e.g. Google)  Facebook  Instagram  Twitter

Print Ad (e.g. Billboard, Magazine)  Referral  Blog / Article

Newspaper Ad / Magazine Ad :

Billboard Ad / Signages (Where?) :

Social Media

Facebook  Instagram  Twitter

## To be filled out by Bannister Academy Personnel

School Year :

Applicant No :

Application Date :

Exam Date :

Grade Level :

Track :

Remarks :



## Scholastic Information

### Current School Information

Current School Name :

School Address :

School's Contact Number :

School's Email Address :

Current Grade Level :

Number of Years Attended :

Learner Reference Number (LRN) :

### Previous Schools Attended

School Name & Address	Grade Level Completed	Years Attended

### Honors and Awards Received from Previous Schools

School Name	Honors & Awards (Academic)	Honors & Awards (Extra-curricular)

### Disciplinary Cases

Has the applicant been involved in any disciplinary case/cases in his/her previous schools?  Yes  No

If yes, please indicate the disciplinary sanction incurred by the applicant :

School Name	Nature of Case	Date Filed	Decision Case	Decision Date

## English Language Proficiency

Is English your first language?:  Yes  No, my first language is :

What language(s) do you speak at home?:

## Alumni Relations

Relatives who are attending or have attended Bannister Academy

Name	Relationship	Years Attended

## Medical Record

Has the applicant been diagnosed for any Special Needs Education (SPED) case or any long-term medical condition?

Yes  No

If yes, does the applicant's impairment, disability, or medical condition affect his/her study?  Yes  No

What is the applicant's impairment, disability, or medical condition? Please check all that apply:

- Hearing  Attention Deficit Disorder (ADD)  Physical Impairment  Bipolar Disorder  Depression  Anxiety  
 Speech Delay  Autism  Attention Deficit and Hyperactivity Disorder (ADHD)  Learning Disability (LD)  
 Others, please specify :

Has the applicant sought any professional help?  Yes  No

If yes, please check all the apply:  Development Pediatrician  Occupational Therapist  Psychologist  Speech Pathologist  
 Psychiatrist  SPED Tutor  Others, please specify :

## Medical History

Illness	Past (Indicate Year)	Present (Indicate Medication)	Illness	Past (Indicate Year)	Present (Indicate Medication)
Asthma			Mumps		
Chicken Pox			Pneumonia		
Diabetes			Primary Complex		
Diphtheria			Poliomyelitis		
Epilepsy			Rheumatic Fever		
Encephalitis			Rheumatic Heart Disease		
Hepatitis			Congenital Heart Disease		
Measles			Kidney Disease		
Meningitis			Other Illness (Specify)		
Infections or Disease of the skin					

Problems	Yes / No	Medications
Chest Pains	<input type="checkbox"/> <input type="checkbox"/>	
Frequent Headaches	<input type="checkbox"/> <input type="checkbox"/>	
Frequent Dizziness	<input type="checkbox"/> <input type="checkbox"/>	
Fainting Problem	<input type="checkbox"/> <input type="checkbox"/>	
Hearing Problem	<input type="checkbox"/> <input type="checkbox"/>	
Visual Problem	<input type="checkbox"/> <input type="checkbox"/>	
Bruises easily or bleeding problems	<input type="checkbox"/> <input type="checkbox"/>	
Allergies to medications	<input type="checkbox"/> <input type="checkbox"/>	
Other problems (Specify):	<input type="checkbox"/> <input type="checkbox"/>	

Confinement	Date / Year	Reason
Any previous operation?		
Any previous hospitalization?		

**Authorization : This is to authorize the school medical staff the following:**

Permission is granted to School Medical Staff to administer emergency care and treatment as the medical needs arise.

Yes  No

The School Authority may take my child to the nearest hospital if needed (life-saving) prior to calling the parent.

Yes  No

I hereby certify that the above information are true and correct

Parent Signature over Printed Name

## For Foreign and Dual Citizens

Photocopy of passport submitted :  Yes  No

Passport Number :

Date Issued :

Place Issued :

Expiration Date :

ACR Number (If available) :

ACR Expiration Date :

Date of latest arrival in the Philippines :

Do you have a previously issued Special Study Permit? :  Yes  No

School Year Issued :

Do you have a previously issued I-Card?  Yes  No

Date Issued :

Place Issued :

Expiration Date :

### For Foreign Students (Please check one)

Tourist (9A)

Student Visa (9F)

Documentary Visa (9E-2)

Pre-arranged (9G)

Special Non-immigrant (4792)

Retiree's Visa (SSRV)

Missionary

Balikbayan

Immigration Clearance Certificate

Others (Please specify) :

Serial No :

Date Issued :

Place Issued :

Expiration Date :

### For Dual Citizens

Photocopy of Certificate of Recognition

Date Issued :

Place Issued :

Photocopy of Certificate of Reacquisition of Citizenship

Date Issued :

Place Issued :

Photocopy of Naturalization Certificate

Date Issued :

Place Issued :

## Declaration

I hereby certify that all information written in this application is complete and accurate. I authorize Bannister Academy to process the same in order to act on my application and for other legitimate and lawful purposes. Misrepresentation of information requested in this application will be sufficient reason for refusal of admission or denial of enrollment.

Student's Signature Over Printed Name

Date :

Parent's Signature Over Printed Name

Date :

Guardian's Signature Over Printed Name

Date :



**BANNISTER  
ACADEMY**

An IB World School Candidate

Bannister Academy  
Circulo Verde, Calle Industria, Bagumbayan,  
Quezon City, Metro Manila  
(02) 514 1653



## Admission Requirements

Level Applied For :

Last Name :

First Name :

Middle Name :

Ext. :

Last School Attended :

Last Level Completed :

School Year (Previous) :

## Entrance Exam

Exam Date :

Exam Fee O.R. # :

Test Moderator :

Section 1 : English

Section 2 : Reading

Section 3 : Mathematics

### Exam Result

Pass

Fail

Remarks :

## Interviews

Parent Interview Date :

Parent Interviewer :

Student Interview Date :

Student Interviewer :

Interview Remarks :

## Evaluation & Decision

Admit

Denied

Waitlisted

Remarks / Condition / CEN / Probation :

Recommended by :

Approved by :

Academic Coordinator

Headmaster / School Director

Date :

Date :