

Name of Student	
Grade Applying For	<input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 11
Shift	<input type="checkbox"/> AM Shift <input type="checkbox"/> PM Shift

APEC Schools	
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Branch Name

Secure an APEC Schools' Student ID: _____
Through the online registration panel: www.enroll.apecschools.edu.ph

Provide the Student's LRN: _____

Pay the admission fee of **Php 2,020**
For Voucher holders, admission fee is Php 1,000 only.

Call the branch of your choice or our Admissions hotline at 7720-2620 or 0917-9567621

Submit these 5 **Critical Requirements** via the branch email address
Important: Original copies are required to be submitted during the Grand Enrollment schedule.

1. PSA Birth Certificate (or NSO)
2. Form 138 (Report Card)
3. Proof of Admission Fee Payment
4. Student Questionnaire (*you may email response*)
5. Enrollment Policy Agreement (*please sign and send*)

The following will be required to be submitted during the Grand Enrollment schedule. Please download and prepare them for submission.

- Parent Social Contract
- Student Health Information Form
- Student Reference Form
- Good Moral Certificate (from previous school)
- 2 pcs of 1x1 ID Picture (White background)
- Other requirements, if applicable (*e.g. ESC certificate, QVR certificate, ALS certificate, Learner Reference Number, PEPT certificate, etc.*)

Secure the Admission Slip (upon submission of the critical requirements hard copies and full payment of the Admission Fee of Php 2,020 or Php 1,000 for voucher holders)
Important: Bring Admission slip on the 1st Day of class.

TO BE FILLED UP BY APEC SCHOOLS	
APEC School Branch	
Grade applying for	
Shift	
Date Received	

STUDENT INFORMATION			
APEC Student ID:		LRN:	
Last Name:		Middle Name:	
First Name:		Citizenship:	
Birthdate (MM/DD/YY)		Religion (optional):	
Gender:		Last grade completed:	
Cellphone number:		Email:	
Address:	<i>House #/ Street/ Sitio</i>		
	<i>Barangay</i>	<i>Municipality/ City</i>	<i>Province</i>
Siblings studying in any of the APEC Schools branches	<i>Name of Sibling</i>	<i>Grade</i>	<i>APEC Schools Branch</i>
	<i>Name of Sibling</i>	<i>Grade</i>	<i>APEC Schools Branch</i>

PREVIOUS EDUCATION			
Elementary School:		<input type="checkbox"/> Public <input type="checkbox"/> Private	Contact Number:
Address:			Year graduated:
<i>for transferees</i>			
High School:		<input type="checkbox"/> Public <input type="checkbox"/> Private	Contact Number:
Address:			Reason for transferring:

PARENT / GUARDIAN INFORMATION					
<input type="checkbox"/> FATHER or <input type="checkbox"/> GUARDIAN			<input type="checkbox"/> MOTHER'S MAIDEN NAME		
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name
Citizenship:		Age:	Citizenship:		Age:
Cellphone Number(s)			Cellphone Number(s):		
Home Phone Number:			Home Phone Number:		
Email:			Email:		
Home address:			Home address:		
Current occupation:			Current occupation:		
Company Name:			Company Name:		
Work Address:			Work Address:		
Work Phone Number:			Work Phone Number:		

Who will the student live with while attending school? Please check all applicable.
<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Both Father and Mother <input type="checkbox"/> Guardian (indicate relationship): _____
Others in the household (indicate all, for example: 1 sibling, 1 grandparent, 1 aunt, 2 cousins): _____

NEW STUDENT INFORMATION FORM

PRIMARY & EMERGENCY CONTACT INFORMATION	
Primary Contact Person & no:	Name: _____ <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian contact #: _____
Emergency Contact Name & no: (if different from primary contact)	name: _____ contact #: _____

SIBLING INFORMATION			
Full name	Age	School Name	Completed Grade
1.			
2.			
3.			
4.			

EXTRA-CURRICULAR ACTIVITIES (E.G., MUSIC, ARTS, SPORTS)

RECENT AWARDS / HONORS (ACADEMIC AND/OR NON-ACADEMIC)

BEHAVIORAL MATTERS AND DISCIPLINARY ISSUES - List down Previous misdemeanor / offenses / cases (if any) in the past 2 years.
If none, please confirm by checking the box below: <input type="checkbox"/> I attest that my child/ward does not have a pending and/or unresolved disciplinary case for any serious offenses in the past school year.

OTHER INFORMATION	
How will the student travel to school?	<input type="checkbox"/> Walk <input type="checkbox"/> Jeepney <input type="checkbox"/> Tricycle <input type="checkbox"/> Bus <input type="checkbox"/> LRT/MRT <input type="checkbox"/> Drive <input type="checkbox"/> _____
Who will the student travel with?	How long will it take to travel to school (in minutes)? _____

DISCOUNT APPLICATION
<input type="checkbox"/> Sibling Discount <input type="checkbox"/> APEC Employee Discount <input type="checkbox"/> Ayala / Yuchengco Employee Discount <input type="checkbox"/> Others _____
Submit the discount form and supporting documentation before classes starts to avail of the discount. Failure to do so will forfeit the application.

Please check all:

- I hereby certify that the aforementioned information is true and correct. Any misinformation given shall serve as a ground for the nullification of this application for admission at APEC Schools.
- I agree to allow APEC Schools to use the information I have provided for school operations and marketing purposes.
- I agree to allow APEC Schools to submit the information above with the Department of Education in compliance with government regulations.
- I understand that data provided is subject to the Data Privacy Notice and Terms of Agreement of APEC Schools Inc which can be found in the Parent- Student Handbook.

Signature over Printed Name of Parent or Guardian

Date

Payments are only accepted at the following payment channels →



Name of Student: _____

Name of Parent/Guardian: _____

Grade and Shift: _____ Branch: _____

ENROLLMENT POLICIES

We, the parents/guardian and student/s duly acknowledge and recognize that upon signing of this Enrollment Policies Agreement, agree to comply with APEC Schools' expectations, requirements and policies as explicitly stated in the APEC Schools Parent-Student Handbook and other circulars and memoranda issued by the same institution; and that, if our child commits an offense as described in the aforementioned reference material, he/she shall be subjected to the corresponding disciplinary action.

We understand that a student's application will only be given due course when he/she satisfies all the qualifications and requirements and has none of the disqualification prescribed by the Department of Education, pertinent laws and rules promulgated by the school. Should any of the requirement is not satisfied, APEC Schools may refuse the admission.

ADMISSION REQUIREMENTS. As parents/guardians, we shall settle the full admission fee and submit complete admission requirements before the communicated due dates. Failure to comply would forfeit his or her enrollment, including the non-refunding of the Admission Fee. Likewise, should we withdraw our child's enrollment TWO (2) weeks after class opening, we will be charged in full for the entire school year, regardless of actual attendance and no refund shall be given.

PAYMENT OF TUITION FEE. We agree that the Tuition fee for monthly payers is due every 20th of each month, for 10 months starting in **July**. Failure to pay the tuition fee on or before the cutoff date incurs a penalty of PhP150.00. The penalty is cumulative. A student with unpaid tuition fee shall be allowed to take the exam provided that the we as parents/guardians fill up and sign a Promissory Note to secure the EXAM PASS. We also understand that the School will not release the Progress Report and/or Report Card until our account is settled.

WITHOLDING OF CREDENTIALS. We understand and agree that, in the event of transfer out and drop out, our child's credentials which include, but not limited to, his/her Report Card, Certificate of Enrollment and Good Moral, may be withheld by APEC Schools until our child's documentary and financial requirements have been fully satisfied.

SUSPENSION/DISMISSAL. In the event our child has committed a grave offense, we understand and consent to APEC Schools' right to SUSPEND OR IMMEDIATE DISMISSAL upon notice issued by the School.

STUDENT ILLNESS/EMERGENCY. It is our duty and responsibility to ensure that our child is well and able to cope with the requirements, activities and demands of being an APEC Student. We shall exercise prudence in keeping our child at home whenever he/she is seriously ill and that we shall notify APEC Schools in writing and with medical certification in such event.

USE OF SCHOOL FACILITIES AND RESOURCES. We understand and agree that our child shall be allowed to use the school facilities such as the Library, TLE/Clinic, Restrooms and Classrooms. Likewise, he/she will also have the opportunity to use the Chromebooks, Science Equipment, Books and Tablets. We shall help teach our child the proper way of using those facilities and equipment and in the event that our child is found to have tampered and damaged such facilities and resources, he/she shall be liable to pay for the damages as determined by the APEC Schools.

ABSENCES AND TARDINESS. We have been informed that Section 157.1 of the Compendium of Education Legislation for Private Education (2011 ed) states that "*A student is required to be present for at least 80% of class days*". The number of school days is set by APEC Schools at the beginning of the school year and that we have the issued School Calendar as our reference. Excessive absences and tardiness have its corresponding sanctions. An accumulated 44 absences or 20% of the school days shall merit Official Dropping status.

CHILD PROTECTION POLICY. We fully understand that APEC Schools stands firm in its implementation of the Anti-Bullying Act of 2013 and will exercise utmost effort to keep my child safe and unharmed within the School premises.

DATA PROTECTION POLICY. We agree that by enrolling as a student of APEC Schools, I am allowing it to collect, use and process my child's personal data where a legitimate educational purpose exists in its determination as enumerated in the Student's Handbook. Reference to this is Republic Act No. 10173 or the Data Privacy Act of 2012.

CONFORME: ENROLLMENT POLICY

Signing below signifies my understanding and agreement of the Enrollment Policies of APEC Schools.

PARENTS SIGNATURE ABOVE PRINTED NAME	DATE SIGNED

P A R E N T / G U A R D I A N S O C I A L C O N T R A C T

I, _____, parent/guardian of _____,
a Grade _____ student of APEC Schools _____, promise to support my
child's education and the school.

I will ...

1. Make sure my child is prepared for school and attends classes regularly. This includes ensuring he/she is well-rested, has eaten breakfast, and is equipped for the school day (e.g., water bottle, lunch, notebooks, uniform);
2. Motivate my child to participate in school and learn as much as possible;
3. Follow the school's core values to act as a role model for my child;
4. Guide my child to become a responsible member of our community;
5. Monitor my child's learning (via the diary), including attending PTCs and reviewing his/her report card;
6. Encourage my child to respect others, including all school staff;
7. Attend school meetings and activities as required;
8. Follow proper channels of communication and show refinement and respect in my dealings with all members of the School community;
9. Assure that I and my child will fully abide by all the provisions of our school's Parent-Student Handbook;
10. Pay fees on time or be subject to withholding report cards, monetary penalties, and non-readmission the following school year;

I hereby sign this agreement and to commit to the ALL points listed above.

Parent/Guardian Signature over Printed Name

Date

Contact Number/s of Parent/Guardian

PERSONAL INFORMATION OF STUDENT			
Last Name:		Middle Name:	
First Name:		Nick Name:	

If your child suffers from a known medical condition(s) or has any allergies it would be helpful if you could let us know any particular procedure to follow in order to support them in school. If these details change it is important you inform us as soon as possible

GENERAL HEALTH (These questions are directed at the student. Please tick the appropriate box and fill out any details)

1. How would you describe your child's general health and fitness?

- Excellent
 Good
 Fair
 Poor

2. Is he/she taking any **medicines regularly**?

- Yes. Please list medicines below
 No, my child does not take any medicines regularly. (If no, go to question #3.)

Name of medicine	Purpose	#pills or doses taken each day?

3. Did he/she ever had any **allergic reaction to a medicine**?

- Yes. (Please write the name of the medicine and the effect experienced.)
 No, I am not aware of an allergy to any medicines.

Medicines allergic to	What happens when taking that medicine

4. Is he/she allergic to any substances or food?

- Yes. Please list them down in the table below.
 No – He/she have no allergies that I know of.

What he/she is allergic to	What happens during an allergic reaction

5. Have your child ever been a **patient in a hospital overnight**?

- Yes. (If yes, explain EACH reason and indicate when.)
 No, he/she have never been a patient in a hospital overnight.

He/she was in the hospital because:	When

6. Do you have a family doctor? Yes No

Name Family Doctor: _____ Contact No: _____

SHOTS / VACCINATION (Has your child contracted any of the following diseases or have your child been vaccinated against them?)

Type of Disease	Contracted		Vaccinated	
	Yes	No	Yes	No
Measles				
Mumps				
Rubella (German Measles)				
Chicken Pox				
Hepatitis A				
Hepatitis B				
Polio				
Tuberculosis				
Diphtheria and Tetanus				
Pneumonia (Hib vaccine)				
Rotavirus (RV vaccine)				

HISTORY OF MEDICAL CONDITIONS (Has your child ever had any of the following conditions? (Check all that apply))

- | | | |
|--|--|--|
| <input type="checkbox"/> Anemia (low iron blood) | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Hemorrhoids (Almoranas) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Stroke | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Epilepsy (fits, seizures) | <input type="checkbox"/> Anxiety (panic attacks) |
| <input type="checkbox"/> Other _____ | | |

Please note that if your child suffers with medical conditions such as asthma / severe allergy, he/she must bring own medication (e.g. inhaler, allergy medication) with them in school.

OTHER SYMPTOMS

Does your child have regular symptoms/problems related to any of the following areas? Please tick and describe all that apply

Sleeping	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Eating	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Throat	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Ears	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Back	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Eyes	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Nose and Sinuses	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Teeth and Mouth	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Heart	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Breathing	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Bleeding	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Bowel movements	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Peeing and Kidney Stones	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Gall bladder	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Emotional Health	<input type="checkbox"/> no	<input type="checkbox"/> yes Please describe:
Other		

Declaration:

This form will be used as the form of consent for APEC Schools during the academic year stated on this form. The medical information shared will be used by APEC schools to support the student while they are in school and in case of any medical emergency.

- I confirm that all of the above information is true and correct, and I understand that it is my responsibility to update the school with any changes to medical conditions/ allergies and contact detail.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical professional present.
- I understand that data provided is subject to the Data Privacy Notice and Terms of Agreement of APEC Schools Inc which can be found in the Parent- Student Handbook.

Signature of Parent / Guardian over Printed Name

Date

PERSONAL INFORMATION OF STUDENT

Last Name:		Middle Name:	
First Name:		Nick Name:	

STUDENT QUESTIONNAIRE

Instructions for Student Applicant:

1. Please answer any 1 of the items below
2. You may fill-up this form or email your answer.
3. Ensure you indicate your name in your email.

Who do you admire the most and why?

What do you want to be when you grow up?

What is your proudest achievement?

What are your hobbies and interests?

APEC Schools Branch: _____

PERSONAL INFORMATION OF STUDENT			
Last Name:		First Name:	
APEC Student ID		Grade:	<input type="checkbox"/> G07 <input type="checkbox"/> G08 <input type="checkbox"/> G09 <input type="checkbox"/> G10 <input type="checkbox"/> G11 <input type="checkbox"/> G12

IMPORTANT: Supporting document needs to be submitted on or before **August 15** otherwise, the discount request is forfeited. Accomplish 1 form for each student. Accomplish 1 form for each student.

<input type="checkbox"/> No Applicable Discount												
<input type="checkbox"/> Ayala Employee Discount <div style="display: flex; justify-content: space-between;"> REQUIREMENT: ACCENTIVE BADGE Date Submitted _____ </div>												
<input type="checkbox"/> Yuchengco Employee Discount <div style="display: flex; justify-content: space-between;"> REQUIREMENT: Certificate of Employment Date Submitted _____ </div>												
<input type="checkbox"/> Sibling Discount <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Name of Sibling</th> <th rowspan="2" style="width: 10%;">Grade</th> <th rowspan="2" style="width: 25%;">APEC Branch Enrolled</th> <th colspan="2" style="width: 30%;">Birth Certificate / Proof of sibling relationship</th> </tr> <tr> <th style="width: 15%;">Submitted?</th> <th style="width: 15%;">Date Submitted</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td></td> </tr> </tbody> </table>	Name of Sibling	Grade	APEC Branch Enrolled	Birth Certificate / Proof of sibling relationship		Submitted?	Date Submitted				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Sibling				Grade	APEC Branch Enrolled	Birth Certificate / Proof of sibling relationship						
	Submitted?	Date Submitted										
			<input type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Scholarship <div style="margin-left: 20px;"> <input type="checkbox"/> _____ Scholar Attach documentation/proof of scholarship. </div> <div style="margin-left: 20px; margin-top: 10px;"> <input type="checkbox"/> APEC Employee Scholarship Attach documentation/proof of scholarship. </div>												

I confirm that the submitted information is true and correct.

Signature of Parent / Guardian over Printed Name

Date

Approved by:

School Head's Signature over Printed Name

Date

STUDENT REFERENCE FORM

To the Student Applicant: Please write your name on the space provided and have you and your parent sign the lower portion of this form. Give this to either your subject teacher or guidance counselor who knows you very well. Provide a letter envelope with your name printed on the upper left hand corner of the envelope. Instruct the teacher/counselor to return the accomplished form to you in a sealed envelope with his/her signature on the flap. Submit this with your other requirements for enrollment. **Unsealed and unsigned envelope will not be accepted.** Thank you very much.

NAME OF APPLICANT:

_____ Last Name

_____ First Name

_____ M.I.

SCHOOL LAST ENROLLED:

_____ (School Name and Address)

GRADE LEVEL APPLIED FOR: _____ **GRADE LEVEL COMPLETED:** _____

This is to certify that I personally know the referring teacher/counselor who accomplished this reference form. I understand that the information provided in this form will be used as APEC Schools' reference for providing assistance to students' personal, social and academic needs, and will be handled in strict confidence.

_____ STUDENT'S NAME AND SIGNATURE

_____ PARENT'S NAME AND SIGNATURE

To the Teacher/Guidance Counselor: The student whose name appears above is transferring to our school. The information you will provide will give us a clear view of the student's strengths and needs. Your responses will be kept in strict confidence and will be used as a reference as we attend to the student's academic and personal needs. Once accomplished, please return this form to the student in a sealed envelope with your signature on the flap. Thank you very much.

*******To be filled up by the Referring Person (former teacher or Guidance Counselor)*******

Name and Signature of Referring Person: _____ **Position:** _____

Subject/s Taught: _____ **Contact Nos:** _____ **Email:** _____

Date accomplished: _____

How long have you known this student? _____

What is/are the reason/s for transfer of the student? _____

A. Please put an X in the appropriate box:

How often does the student demonstrate	Always	Almost Always	Occasionally	Rarely	NO Chance to Observe
Academic Motivation					
Good Study Habits					
Consistency of Performance					
Adaptability to Change					
Leadership Potentials					
Self-Confidence					
Positivity in dealing with setbacks					
Sense of responsibility					
Respect accorded to peers					
Respect accorded to teachers					
Class Attendance					
Punctuality					

B. Kindly answer the following questions

1. Has the applicant been placed on probation, suspended or dismissed due to disciplinary or academic reasons? () Yes () No
If yes, please give the offense, date and sanction given. _____

2. What are the student's personal strengths and potentials for learning? _____

3. What specific learning needs or conditions can affect his/her performance in school? _____
