



# CCF LIFE ACADEMY FOUNDATION INC.

Ortigas Avenue corner C5 road, Pasig City  
 Trunk line: 866-9983 e-mail: [admissions@lifeacademy.edu.ph](mailto:admissions@lifeacademy.edu.ph)

## APPLICATION FORM

LRN: \_\_\_\_\_

The applicant intends to enroll in: SY 20\_\_\_\_ - 20 \_\_\_\_

Note:

- This form should be accomplished completely by the parents/guardian of the applicant. **Incomplete forms will not be processed.** Please type or print legibly all information requested.
- All information will be kept confidential. **Misrepresentation will be considered as a basis for the non-acceptance of the application.**

- Pre-School  
                                 PN                N                K
- Elementary  
                                 Grade: 1 2 3 4 5 6
- Junior High School  
                                 Grade: 7 8 9 10
- Senior High School Grade: 11 12
- Strand(for Gr.12): \_\_\_\_\_



### STUDENT INFORMATION

Legal Name \_\_\_\_\_  
   LAST  FIRST  MIDDLE  NICKNAME

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

Age \_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Gender \_\_\_\_ Citizenship \_\_\_\_\_

Chinese Name \_\_\_\_\_ Telephone no(s) \_\_\_\_\_ Religion \_\_\_\_\_

Church Attended \_\_\_\_\_

School Last Attended \_\_\_\_\_

    Preschool: \_\_\_\_\_ SY Attended \_\_\_\_\_

    Mailing Address: \_\_\_\_\_

    Grade School: \_\_\_\_\_ SY Attended \_\_\_\_\_

    Mailing Address: \_\_\_\_\_

    High School: \_\_\_\_\_ SY Attended \_\_\_\_\_

    Mailing Address: \_\_\_\_\_

### PARENT INFORMATION

	FATHER	MOTHER
Legal Name (Last, First, Middle)		
Birthdate		
Birthplace		
Citizenship		
Home Address		
Mobile Number		
Landline Number		
E-mail Address		
Number of Children		
Language/Dialect Spoken		
Name of Company/Employer		
Position		
No. of yrs. employed		
Monthly income		
Business/Office Address		
Office phone no.		
Religion		
Church Attended/Church Affiliation		
Highest Educational Attainment		
High School Attended		
College Attended		
Degree		
Graduate Studies		
Other Studies (if any)		

**PARENTAL STATUS**

Check where applicable:

- Parents Married       Applicant Adopted       Single Parent       Parents Separated  
 Father Remarried       Mother Remarried       Father Deceased       Mother Deceased

If parents are not living together, which parent has custody of child? \_\_\_\_\_

Applicant lives with:

- Father and Mother       Father       Mother  
 Stepfather/mother       Stepmother/father       Guardian (Name) \_\_\_\_\_

Guardian's contact no.: \_\_\_\_\_ Address: \_\_\_\_\_

Please indicate who is responsible:

- for school-related decisions       Father       Mother  
 to receive school correspondences       Father       Mother

**APPLICANT'S BROTHER(S)/SISTER(S) STILL IN SCHOOL (start with the eldest)**

Name	Age	Level	School

**APPLICANT'S PROFILE**Language Spoken at home:  Filipino  English  Mandarin  Hokkien Others \_\_\_\_\_

Honors/Awards for academic excellence; special distinctions received; special talents and skills

Membership on/off campus / community organizations

Is the applicant's father or mother an employee of  LIFE Academy / TMA / CCF?If yes, which one  Father  Mother  BothJob classification of employed parent  Administrator  Faculty  Service Personnel Others (pls. specify) \_\_\_\_\_

Is this the first time the applicant is applying to LIFE Academy. Check all that apply:

- Change of Residence:  from abroad \_\_\_\_\_  from province \_\_\_\_\_  others \_\_\_\_\_  
 Programs Offered:  Holistic basic education  Chinese language  
 Christian Education  Computer Education  Practical Music Course  Varsity Program  
 Developmentally Appropriate Preschool Program  Math & Science Curriculum  
 Creative/Critical thinking Skills  Prestige of Life Academy in the community  
 Others (pls. specify) \_\_\_\_\_

Does the applicant have any pending application in other school/another school?  Yes  No

If yes, name of school \_\_\_\_\_

Was the applicant ever dismissed, suspended, or placed on disciplinary probation?  Yes  No

If yes, please give details. \_\_\_\_\_

Does the applicant have any disability, medical, psychological, or mental condition (e.g. asthma, dyslexia, ADD, ADHD, etc.)?  Yes (pls. attach medical reports/history/clearance, if applicable) No past sicknesses, disability, medical, psychological or mental conditionComplete immunization?  Yes  No (reason:) \_\_\_\_\_

How did you learn about Life Academy? Tick only ONE.

- CCF Bulletin       CCF D-Group       Website       Print Ads       Walk-in Visit  
 Others: \_\_\_\_\_

We have carefully read the contents of this application form. We certify that all information given herein are correct and complete. Falsification, misinterpretation, or withholding of information requested in this form will automatically nullify my/my son's/my daughter's application and or subject to my/my son/my daughter dismissal from LIFE Academy.

\_\_\_\_\_  
Student's Signature Over Printed Name\_\_\_\_\_  
Father's Signature Over Printed Name\_\_\_\_\_  
Mother's Signature Over Printed Name\_\_\_\_\_  
Guardian's Signature\_\_\_\_\_  
Date