



KING'S COLLEGE OF THE PHILIPPINES

LOVE GOD, LEAD THE NATION, LIGHT THE WORLD

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BASIC EDUCATION

PRE-ENROLLMENT ASSESSMENT FORM

Application No.:

I. STUDENT INFORMATION	
Last Name:	Age: Date of Birth:
Middle Name:	Sex: Nationality:
First Name:	__Female __Male
Complete Home Address:	Contact Number: Email Address:
Grade level applying for (please check): <input type="checkbox"/> Kinder <input type="checkbox"/> Grade 1	Previous school attended: _____ _____
II. FAMILY BACKGROUND INFORMATION	
Father's Name:	Contact Number:
Mother's Name:	Contact Number:
Guardian's Name:	Contact Number:
My parents are: <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Together but living separately due to work <input type="checkbox"/> (one/both is/are) abroad <input type="checkbox"/> (one/both is/are) deceased	I live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother with her new family <input type="checkbox"/> Mother Only <input type="checkbox"/> Father with his new family <input type="checkbox"/> Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> Relatives (e.g., aunt, uncle, cousin)
I have (encircle): 1 2 3 4 5 6 ___ sister/s 1 2 3 4 5 6 ___ brother/s	
What is the primary language spoken at home?	Describe your child's relationship with the following:
<input type="checkbox"/> Filipino <input type="checkbox"/> Ibaloi <input type="checkbox"/> Ilocano <input type="checkbox"/> Kankana-ey <input type="checkbox"/> English <input type="checkbox"/> Other: _____	Father: ___ Very Close ___ Just Okay ___ Not Close Mother: ___ Very Close ___ Just Okay ___ Not Close Siblings: ___ Very Close ___ Just Okay ___ Not Close Guardian: ___ Very Close ___ Just Okay ___ Not Close
III. OTHER INFORMATION	
Does your child have any medical conditions? <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No	Is your child currently taking any medications? <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No
"MORE ABOUT ME"	
Instruction: As a parent/guardian, complete the following statement with the first thought/idea that comes to your mind. Be honest and do not leave any item unanswered.	
1. My child/ward is <i>Ang aking anak ay</i> _____	
2. One of the most unforgettable moments I've had with my child was <i>(Isa sa mga hindi ko malilimutang sandali kasama ang aking anak ay)</i> _____	
3. My child enjoys <i>(Ang aking anak ay nasisiyahan sa)</i> _____	
4. When my child is struggling, <i>(Kapag nahihirapan ang aking anak)</i> _____	
IV. CONSENT	
By submitting this form, I hereby agree to the following data privacy terms: <ul style="list-style-type: none"> By taking this admission test, I acknowledge that the results are for admission purposes only and will not be further disclosed. I waive any right to challenge the final results. I understand that all my personal information will be handled with utmost confidentiality, used and retained for the duration necessary for the specified purposes and in accordance with the Data Privacy Act of the Philippines. I consent to the processing of the information provided in this form for the purposes of case analysis and/or research. By signing below, I confirm that I have read, understood, and agreed to the terms outlined above. 	
Parent/Guardian's Name & Signature:	Date: