

NAME OF PUPIL:

PUT A CHECK (/) MARK IN THE BOX THAT ACCURATELY DESCRIBES YOUR CHILD			
	ALWAYS	SOMETIMES	NEVER
Has focus in doing an activity			
Plays harmoniously with other children			
Can easily follow directions			
Has temper tantrums			
Calm, does not move a lot			
Separates easily from parents			
Long attention span			
Can do things independently			

Please answer the following:

1. What usually motivates your child?

2. What usually upsets your child? What is the best way to calm him/her down?

3. How much time does your child spend interacting with technology? What is your gadget usage agreement?

4. Is your child fit to attend a traditional school setting? Yes No Why?

FAMILY BACKGROUND

Father's Full Name: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Mother's Complete Maiden Name: <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mobile Number:	Mobile Number:
Telephone Number:	Telephone Number:
Educational Attainment:	Educational Attainment:
Occupation:	Occupation:
Company/Business Name:	Company/Business Name:
Company/Business Address:	Company/Business Address:
Office Telephone Number:	Office Telephone Number:
Is the FATHER an NPS Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grade VI Batch Year: _____ <input type="checkbox"/> Grade X Batch Year: _____	
Parents are <input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Single Parent ___ Catholic Church <input type="checkbox"/> Father/Mother Working Abroad <input type="checkbox"/> Others _____ ___ Civil ___ Others	
Living Arrangement <input type="checkbox"/> With Parents <input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> Grandparents <input type="checkbox"/> With Relatives <input type="checkbox"/> In Boarding House / Dormitory/ Apartment <input type="checkbox"/> Others _____	

LEGAL GUARDIAN: *(if applicable)*

Name: _____ Relationship to the Child: Niece/Nephew
 Grandchild
 Brother/Sister
 Others _____

Address: _____
 Contact Number: _____

How did you know about Naga Parochial School?
 Newspaper Flyers/ Brochures Streamers Posters NPS Website NPS FB Page
 Orientation/Visits/Open House

Referred to me by:
 Friends Neighbor Relatives Parents Siblings Others _____
 NPS Teachers & Staff (please indicate the name) _____

I hereby attest to the completeness and accuracy of all information supplied in this form. I understand that withholding of information or giving false information may nullify my son's/daughter's application for admission or may jeopardize his/her continued stay after admission has been granted.

I willingly give my consent to use, process, disclose, transfer or share the information gathered and documents submitted to Naga Parochial School during the enrolment to serve the educational purposes of the school, and to enable it to comply with its legal and reportorial obligations under the law and regulations, as well as improve its educational services to the community.

 Parent/s or Authorized Guardian's Signature over Printed Name

 Date

