

**APPLICANT'S INFORMATION**  
(To be accomplished by parent/guardian)

<b>Date of Application:</b>	<b>Applying for Grade/Year Level:</b>	
<b>Name of Child:</b>		
<b>English:</b> _____		<b>Chinese:</b> _____
LAST	FIRST	MIDDLE
<b>Date of Birth:</b>	<b>Citizenship:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>City/Home Address:</b>		<b>Contact #(s):</b>

1. Is this your child's first application to PCGS? If not, please give details.  
\_\_\_\_\_
2. Does your child have any special health concerns, allergies, etc. that the teacher should be aware of? If yes, please explain.  
\_\_\_\_\_
3. Has your child ever been asked to leave school because of any behavioral / disciplinary problems? If yes, please explain.  
\_\_\_\_\_
4. Is there any other information you think the teacher should know about your child?(eg. Special needs, talents, interests, etc.)  
\_\_\_\_\_
5. Please help us understand your child's school history by completing the following chart. List all schools your child has attended. **BEGIN WITH HIS/HER FIRST YEAR OF SCHOOLING.**

Name & Location of School	Academic School Year	Child's Age	Grade/Year Level	Reason for Transfer

**PARENT / LEGAL GUARDIAN INFORMATION: If you are not the parent of the applicant, pls. indicate relationship to applicant – ( ) Paternal Uncle/Aunt ( ) Maternal Uncle/Aunt ( ) Paternal Grandparent ( ) Maternal Grandparent**

__Father    __Step-Father    __Legal Guardian Name: _____ LAST                      FIRST                      MIDDLE	__Mother    __Step-Mother    __Legal Guardian Name: _____ LAST                      FIRST                      MIDDLE
Citizenship:	Citizenship:
Present Occupation:	Present Occupation:
Name of Office::	Name of Office::
Contact #/s:	Contact #/s:
Church Attending:	Church Attending:
Are you an alumnus of CCS/PCGS? If yes, what class (year)?	Are you an alumna of CCS/PCGS? If yes, what class (year)?

**IN CASE OF EMERGENCY, PERSON & NUMBER TO CONTACT:**  
 Name: \_\_\_\_\_ Number(s): \_\_\_\_\_

**SIBLING INFORMATION: Order of birth – 1 2 3 4 5 ..... (pls. encircle)**

Name	Grade/Year or Age if not in school yet	Name of School

How did you come to know about Philippine Christian Gospel School?  
 \_\_\_ Alumni                      \_\_\_ Friend                      \_\_\_ Cebu Gospel Church Member  
 \_\_\_ PCGS Parent                      \_\_\_ website                      \_\_\_ others, pls. specify \_\_\_\_\_

*I hereby certify that the above information given are true and correct as to the best of my knowledge.*

_____ Name & Grade/Year of Applicant	_____ Printed Name & Signature of Parent/Guardian
	_____ Date Signed