



STUDENT APPLICATION FORM SY 2017-18

Please print in CAPITAL LETTERS, then submit the completed form with application requirements. A complete list of requirements is enclosed in this form.

Incomplete application may delay admission. Likewise, credentials filed in support of the application will not be returned and will become the property of Victory Christian International School.

TO BE FILLED OUT BY PERSONNEL AUTHORIZED TO RECEIVE APPLICATION REQUIREMENTS:

Track Number

VCIS Forms

- Student Application Form with 2" x 2" ID photo (white background, full name printed at the back)
- Guidance Counselor Form (if applicable)
- Parent's Covenant with VCIS
- Waiver Forms
- Learning Success Self-Portrait Profile (K-Grade 4)
- Homeschool Questionnaire

Other Requirements

- Original copy of report card (F-138) or DepEd Placement Certificate
- Original and photocopy of NSO-certified birth certificate
- 2X2 ID photos (2) white background, full name printed at the back
- 2 sets of parents' IDs (government-issued ID or company) with photocopies
- College diploma of at least one of the parents with photocopy

For non-Filipino applicants:

- Passport
- Alien Certificate of Registration/I-Card
- 9G (Working Visa)
- SIRV (Special Investor's Resident Visa)
- SRRV (Special Retiree's Resident Visa)
- Special Study Permit

TO BE FILLED OUT BY VCIS PERSONNEL:

Application for:

Lower School <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3	Middle School <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6	Junior High School <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10
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Age by June 30:

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Years: Months:

Application Date:

Schedule of Assessment Test (Date and time):

Test Administrator:

1. STUDENT INFORMATION: Write the name that appears on the BIRTH CERTIFICATE.

LAST NAME	
FIRST NAME	
MIDDLE NAME	

NICKNAME: **SEX:** Male Female

DATE OF BIRTH: (Month, Day, Year) / / - - - **PLACE OF BIRTH:** (City/Town, Province)

Church Affiliation:

NATIONALITY

Citizenship: <input style="width: 95%;" type="text"/>	Dual Citizenship: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If your other citizenship is Filipino, submit a photocopy of your child's Philippine Passport or Identification Certificate of Recognition (ICR).</i>
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PHILIPPINE ADDRESS

Unit/Bldg no: <input style="width: 95%;" type="text"/>	Blg. name, Street name: <input style="width: 95%;" type="text"/>	Mobile Number: <input style="width: 95%;" type="text"/>
Barangay: <input style="width: 95%;" type="text"/>	City/Province: <input style="width: 95%;" type="text"/>	Landline Number: <input style="width: 95%;" type="text"/>
Zip Code: <input style="width: 95%;" type="text"/>		

Staple here |

Please attach a 2x2 ID picture with white background taken within the last six months.

Print the name of student at the back of the picture.

Staple here |

CONTACT PERSON IN CASE OF EMERGENCY

Name: <input style="width: 95%;" type="text"/>	Relationship: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Contact Number: <input style="width: 95%;" type="text"/>

PASSPORT AND VISA DETAILS OF APPLICANT (for non-Filipino applicants)

Passport Number: <input style="width: 95%;" type="text"/>	Date Issued: <input style="width: 95%;" type="text"/>	Place Issued: <input style="width: 95%;" type="text"/>	Expiry Date: <input style="width: 95%;" type="text"/>
If ACR is already available:			
ACR Number: <input style="width: 95%;" type="text"/>	ACR Expiry Date: <input style="width: 95%;" type="text"/>	<i>Please attach a photocopy of your child's Passport, ACR, 9G, Visa, SIRV or SRRV.</i>	

SPECIAL STUDY PERMIT (for non-resident applicants/students with tourist visa status)

Does your child have a previously issued Special Study Permit? No Yes, in SY Where?

INTERNATIONAL ADDRESS

Present Address:			Mobile Number:
State/Province:	Country:	Zip Code:	Landline Number:

2. SCHOLASTIC INFORMATION *(start with the most recent)*

PREVIOUS SCHOOLS ATTENDED <small>(Full Name, do not abbreviate)</small>	ADDRESS	LEVEL	SCHOOL YEAR

HONORS AND AWARDS RECEIVED FROM PREVIOUS SCHOOLS

SCHOOL	ACADEMIC	EXTRA-CURRICULAR

3. FAMILY INFORMATION:

Student's parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Not Married <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated	Student is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
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FATHER

Name:			Age:
<small>(Last Name)</small>	<small>(First Name)</small>	<small>(Middle Name)</small>	
Home Address: <small>(if different from Applicant's present address)</small>			
Citizenship:	Birthplace:	Residence Telephone No.:	Mobile Number:
Occupation:	Company:	Company Address:	
Company Phone Number:	Company Email Address:	Church Affiliation:	

MOTHER

Name:			Age:
<small>(Last Name)</small>	<small>(First Name)</small>	<small>(Middle Name)</small>	
Home Address: <small>(if different from Applicant's present address)</small>			
Citizenship:	Birthplace:	Residence Telephone No.:	Mobile Number:
Occupation:	Company:	Company Address:	
Company Phone Number:	Company Email Address:	Church Affiliation:	

GUARDIAN

Name:		
<small>(Last Name)</small>	<small>(First Name)</small>	<small>(Middle Name)</small>
Address:		
Relationship to the Student:	Occupation:	Contact Number:
Email Address:		

*Student who will be living with a guardian in the duration of the school year is required to submit a **Notarized Affidavit of Guardianship**.*

SIBLINGS

NAME	AGE	STATUS	OCCUPATION	COMPANY/SCHOOL

Church Affiliation:

LANGUAGE

	FIRST LANGUAGE	SECOND LANGUAGE	LANGUAGE(S) SPOKEN AT HOME
Student's Language			
Father's Language			
Mother's Language			
Guardian's Language			

If your child's first language is NOT English, please complete the following sections as fully as possible.

a) How long he/she been learning English (no. of years)?

b) Is he/she studying a tutorial English program?

Yes No

School/Center:

Address:

Contact Number:

HOUSEHOLD INCOME**Gross Annual Income (Range)**

- ₱250,000 and above
- ₱100,000-249,999
- ₱60,000-99,999
- ₱40,000-59,999
- under ₱40,000

4. REASON FOR HOMESCHOOLING:

Check your reason/s for transferring your child to this school.

- Bible-based Curriculum
- International Curriculum
- Accessibility
- Health
- Others: _____

Reason/s for transferring homeschool provider (if applicable):

How did you find out about VCIS?

- Referral
- Name: _____
- Contact No.: _____ Relation: _____
- VCIS Website
- Newspaper Ad/Article
- Community Bulletin Boards (*where*): _____
- Church (*please specify*): _____
- Direct Mail/Email (*sent by whom*): Social Media (*FB, Twitter*): _____
- Search Engine (*Google, Yahoo, etc.*): _____
- Blogs (*please specify*): _____

Why do you choose homeschool?

I/We certify that:

- a. All answers made here are true, complete, and accurate.
- b. All information supplied in and attached to this application may be checked against the original documents and that withholding information or giving incorrect information may be cause for the enrollment privilege to be withheld at any time.
- c. All information provided in this form may be used by VCIS for research and I/we consent to such with the assurance that personal details will be kept confidential.

Father's Signature Over Printed Name

Date

Mother's Signature Over Printed Name

Date

Guardian's Signature Over Printed Name

Date