



Create & Learning Paths School

South Admiral Campus  
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**OLDER BASIC EDUCATION (MIDDLE, UPPER AND SHS LEVELS)**  
School Application Form

I. **Students Legal Name:** \_\_\_\_\_

Last	First	Middle	Nickname
Address	City	Nationality	Date of Birth
Second Address (if Applicable)	City		Age

Present School and Address:

How did you find out about CLP School? Who referred you (if any)?

Gender: Male _____	Program Applying for: Grade 4 _____	Grade 7 _____	Grade 10 _____
Female _____	Grade 5 _____	Grade 8 _____	Grade 11 _____
Religion: _____	Grade 6 _____	Grade 9 _____	Grade 12 _____
	SPED (FLEX PROGRAM) _____		

Diagnosed with special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No if Yes, Indicate diagnosis \_\_\_\_\_

Is the child adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No if YES, What year and age was he/she adopted? \_\_\_\_\_

II. **Parents/Guardian**

**Mother's Name:** \_\_\_\_\_

	Home Phone (landline)	Mobile Phone
Place of Employment	Occupation	Business Phone
EMAIL: _____		

**Father's Name:** \_\_\_\_\_

	Home Phone (landline)	Mobile Phone
Place of Employment	Occupation	Business Phone
EMAIL: _____		

**Legal Guardian:** \_\_\_\_\_

	Home Phone	Mobile Phone
Place of Employment	Occupation	Business Phone
EMAIL: _____		

III. **Family/Home**

Siblings	Age	School/Grade Level

List other adults living with you other than the immediate family.

Name of Adult	Date of Birth

**IV. Child's Growth & Development**

- 1. Problems during birth/growth & development: \_\_\_\_\_
- 2. Is there history of learning problems/developmental delays/issues in the family? \_\_\_\_\_ Yes \_\_\_ No
- 3. General health at present: \_\_\_\_\_ poor \_\_\_\_\_ fair \_\_\_\_\_ good
- 4. Allergies: \_\_\_\_\_
- 5. Is the student now receiving regular medication of any sort? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
- 6. Describe medical or learning problems if any? : \_\_\_\_\_
- 7. Have you ever sought consult (with a developmental pediatrician, psychologist, psychiatrist, Speech or Occupational Therapist) for your child? \_\_\_\_\_
- 8. Has the student been recommended for further evaluation? \_\_\_\_\_
- 9. Has the student received intervention (e.g. but not limited to Occupational Therapy, Speech and Language Program, Physical therapy, Psychotherapy, Counselling, etc.)? \_\_\_\_\_

10. If the student attended private tutoring and/or therapy, fill in the following:

Name and Address of Center	Teacher/Therapist	Dates	# hours/wk
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 11. What is the Language used at Home? \_\_\_\_\_
- 12. Second languages or other languages the student is exposed to: \_\_\_\_\_
- 13. Does the student own a device (phone/tablet/laptop/desktop) with online access? \_\_\_\_\_

**VI. AWARDS AND TALENTS**

List of special talents/interests/hobbies your child exhibits:

List special lessons in sports/music/etc... that your child has received or is currently receiving (indicate dates/duration/location, and other details):

List special awards/medals your child has received:

**VII. Parenting and Schooling:**

My Child spends most of his/her time with : \_\_\_\_parent/s \_\_\_\_ nanny/caregiver \_\_\_\_ other relatives  
\_\_\_\_ Siblings \_\_\_\_ Friends

Check one: \_\_\_\_ I/we believe in establishing routine. Or \_\_\_\_ I/we believe routine should be flexible and allows for a lot of changes according to our own activities (parent's work/ career, family activities, etc.,)

My child follows this routine at home: wake up time: \_\_\_\_\_ bed time: \_\_\_\_\_

Morning activities: \_\_\_\_\_

Mid-morning activities: \_\_\_\_\_

Activities after lunch: \_\_\_\_\_

Afternoon activities: \_\_\_\_\_

Night time or routine after dinner: \_\_\_\_\_

I/ We believe in this/these (one or more) types of discipline practices:

\_\_\_\_ Spanking \_\_\_\_time out \_\_\_\_ face the wall \_\_\_\_ explaining why it is wrong \_\_\_\_ grounding  
\_\_\_\_ Verbal reprimanding Specify: \_\_\_\_\_

For each of the ff. pairs of statements, choose the more dominant statement to describe your beliefs:

\_\_\_\_ I/We believe children should be drilled in reading, writing and learning math as early as possible

\_\_\_\_ I/We believe children should be given more time to learn on their own and explore their surroundings.

\_\_\_\_ I/We believe children should be given homework at least three up to five times a week.

\_\_\_\_ I/We believe children should continue their learning at home through guidance and interaction with the knowledgeable adults.

\_\_\_\_ I/We believe children should learn firstly, how to socialize and interact properly, secondly, academics.

\_\_\_\_ I/We believe that in order to be excellent, children should be immersed in academic work as early as possible.

\_\_\_\_ I/We believe in partnering with the school to help our child have a happy and successful school life.

\_\_\_\_ I/We believe it is the school's sole responsibility to enable our child to learn academic concepts.

\_\_\_\_ I/We believe in the inclusion philosophy where both neuro-typical learners and learners with special education needs interact and learn from each other.

\_\_\_\_ I/We believe that learners with special education needs have to be segregated in special education schools rather than included in a regular classroom.

\_\_\_\_ I/We believe children should learn about peace building, conflict resolution and non-violence as early as possible.

\_\_\_\_ I/We believe peace and socio-civic issues are too abstract or not applicable in my child's life context.

\_\_\_\_ I/We believe it is necessary for children to learn about ways to save the environment.

\_\_\_\_ I/We believe caring for the environment is still too difficult for our/my child to practice.

(FOR FILIPINOS)

\_\_\_\_ I/We believe children should learn about the Philippines and to speak Filipino in order to widen their understanding of their own identity role in the world.

\_\_\_\_ I/We believe children should learn to speak English first because it is regarded as a global language.

Goal/s for my/our child's schooling:

I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

RECEIVED BY:

CLP representative's INITIALS: \_\_\_\_\_

Notes:

Recommended Placement:

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Signed by

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Date Today