



**DATA FILE FORM
SENIOR HIGH SCHOOL**

CHILD'S NAME: _____

(last) (first) (middle)

Nickname/s: _____ Age by August: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Sibling Position: _____ Has the child been diagnosed with special needs? ___ No ___ Yes

If yes, please specify: _____

Nationality: _____ Religion: _____

Previous School if any: _____

MOTHER'S NAME: _____

(last) (first) (maiden)

Age: _____ Date of Birth: _____ Place of Birth: _____

Email Address: _____ Alternative Email Address: _____

Home Address: _____ Tel. No: _____

Educational Attainment: _____

School/s Attended: _____

Religion: _____ Occupation: _____

FATHER'S NAME: _____

(last) (first) (middle)

Age: _____ Date of Birth: _____ Place of Birth: _____

Email Address: _____ Alternative Email Address: _____

Home Address: _____ Tel. No: _____

Educational Attainment: _____

School/s Attended: _____

Religion: _____ Occupation: _____

Senior High School General Academic Strand (GAS) Specialized Program Choices*:

- Life Sciences Research
- Contemporary Writing
- Media Arts and Communications
- Small Enterprise Development

First Choice _____

Second Choice _____

Would you like to be part of a program that combines your top two choices?

Yes No

Date of Application: _____