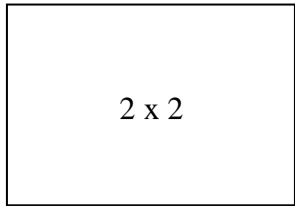




**COLLEGE OF SAN BENILDO - RIZAL**

Marcos & Sumulong Highway, Rizal  
Telephone Nos. 6463395/ 6811718

**APPLICATION FORM  
GRADE SCHOOL DEPARTMENT**



2 x 2

Application for: \_\_\_\_\_ Level School Year: **2019- 2020** Application No. \_\_\_\_\_ O.R. \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION.** Filling out this form gives your consent to disclose the following personal information about your child to College of San Benildo - Rizal, its school administrators and concerned duly authorized personnel for the school to be able to perform its mandated duty as "special parent" to its students, particularly for record-keeping, documentation, coordination and other enrolment-related purposes. Access on these records shall be limited to those authorized personnel and administrators performing related official school functions. Strict confidentiality shall be observed.

DepED LRN:

**NAME:** \_\_\_\_\_

(Last (First) (Middle) (Nickname)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Birth Order: \_\_\_\_\_

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Brother(s)/Sister(s) in CoSB-R Name Grade/Level & Section Birth Order

**II. FAMILY BACKGROUND**

FATHER	NAME	MOTHER
	CONTACT NO. (Res.# & Cell #)	
	OCCUPATION	
	EMPLOYER/COMPANY	
	BUSINESS TEL. NO	
	BUSINESS ADDRESS	
	EDUCATIONAL ATTAINMENT	
	SCHOOL GRADUATED	

**GUARDIAN**

Name of Guardian:	Mobile No:
Relation to the Student:	Landline No.
Address:	

**III. PREVIOUS SCHOOLING**

Grade Level	Name of School	Address	Year Attended
Nursery	_____	_____	_____
Kinder I	_____	_____	_____
Kinder II	_____	_____	_____
Grade 1	_____	_____	_____
Grade 2	_____	_____	_____
Grade 3	_____	_____	_____
Grade 4	_____	_____	_____
Grade 5	_____	_____	_____

Interests and Hobbies \_\_\_\_\_

Is your child undergoing any type of cognitive, behavior or physical intervention?  Yes  No

If yes, please explain briefly. \_\_\_\_\_

How did you find out about CoSB-R?

- Flyers/ Brochure
  - Referred by: \_\_\_\_\_ Contact No.: \_\_\_\_\_
  - Tarpaulin
  - Social media (Facebook/Website)
  - Others (please specify) \_\_\_\_\_
- (Complete Name)  
Name of Referrer's Child Enrolled at CoSB-R: \_\_\_\_\_  
Gr. & Sec.: \_\_\_\_\_

**LIST OF DOCUMENTS TO BE SUBMITTED**

- \_\_\_\_\_ 1. Original copy of PSA Birth Certificate
- \_\_\_\_\_ 2. Clear Photocopy of Baptismal Certificate
- \_\_\_\_\_ 3. Certified true copy of latest report card (3 copies)
- \_\_\_\_\_ 4. 2x2 colored picture (3 pcs.)
- \_\_\_\_\_ 5. Good Moral Character Certificate signed by the Principal
- \_\_\_\_\_ 6. Recommendation from the Class Adviser & Guidance Counselor (Use CoSB-R Form)
- \_\_\_\_\_ 7. 1 long brown envelope

All documents submitted with the application become the property of CoSB-R and will NOT be returned to the applicant.

I certify that the foregoing data are true and correct. I also understand that the Php 750.00 testing fee and Php 3,000.00 reservation fee are nonrefundable.

Parent's signature over printed name

Date



St. Benilde Romancon

**Benildeans do ordinary things extraordinarily well.**