



LEADERS INTERNATIONAL CHRISTIAN SCHOOL

PRESCHOOL APPLICATION FORM

School Year _____ - _____

Child's 2x2 Photo

Mother/Guardian's 2x2 Photo

Father/Guardian's 2x2 Photo

Student Name: _____
Last Name Given Name Middle Name Nickname

Date of Birth: ____/____/____ Current Age: _____ Sex: _____

Applying for:

- Nursery 2 - Morning Session
- Nursery 3 - Morning Session
- Kinder 4 - Afternoon Session
- Kinder 5 - Afternoon Session

Please include the following with your application form:

- Completed Medical Form
- NSO copy of Birth Certificate
- Photocopy of Birth Certificate
- Four 2"x 2" recent colored ID pictures with white background
- Four 2"x 2" recent colored ID pictures of fetcher / yaya / caregiver.
- Copy of Applicant's passport page showing date of birth (for non-Filipino citizens only)
- Copy of Alien Certificate of Residence (ACR) / Immigration records (for non-Filipino citizens only)
- Copy of Father's and/or Mother's or Guardian's Passports (for non-Filipino citizens only)
- Copy of current (or latest) grades / report card
- Endorsement letter from the teacher, guidance counselor or principal of the applicant's previous school
- Special Needs report (if any)

D. Student Behavioral Characteristics

1. What is your child's birth order?	
2. What is your child's favorite	
toy:	
book:	
pet:	
person:	
3. Can your child already	
read:	yes no
write:	yes no
recognize numbers:	yes no
recognize shapes:	yes no
recognize colors:	yes no
4. Is your child already potty trained?	yes no
5. What word does our child use for	
urination?	
bowel movement?	
something painful?	
6. Does your child eat unaided?	yes no
7. Does your child have feeding difficulties?	yes no
If yes, please describe:	
8. Does your child have any food allergies?	yes no
If yes, please specify:	
If yes, please state medicines :	
9. Does your child relate well with adults?	yes no
10. Does your child play with other children right away?	yes no
11. What is your accustomed mode of disciplining your child?	

12. What is our accustomed mode of rewarding your child?	
13. What is your child's primary language?	
14. What is your child's regular bedtime?	
15. What is your child's regular waking time?	
16. Please state in which of the following areas your child expresses special interest or ability : <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sports, pls specify _____ <input type="checkbox"/> Drawing <input type="checkbox"/> Building <input type="checkbox"/> Playing adult roles, pls specify _____ <input type="checkbox"/> Playing Musical Instruments, pls specify _____	
17. Does your child exhibit the following behavioral difficulties? <input type="checkbox"/> Temper Tantrums <input type="checkbox"/> Feelings of Inferiority <input type="checkbox"/> Evidence of Negativism <input type="checkbox"/> Stubbornness <input type="checkbox"/> Separation Anxiety <input type="checkbox"/> Attention Getting <input type="checkbox"/> Perfectionism <input type="checkbox"/> Destructive Tendencies <input type="checkbox"/> Violence <input type="checkbox"/> Others, Please specify _____	
18. Has your child been diagnosed/assessed to have special needs?	Leadership yes no
If yes, please specify:	Academic Excellence Christian Character

E. Person to Contact in Case of Emergency

Name	Relationship to Child	Contact Number
	Life Skills	

F. Student's Religious Background and Practices

- Does your child attend Sunday School? Yes, Often Yes, Occasionally Never
If yes, where? _____
If yes, since when? _____
- Has your child accepted Jesus Christ as his/her personal Lord and Savior? yes no
If yes, when? ____/____/____
If yes, how? _____
- Do you have family devotions? Yes, Often Yes, Occasionally Never
- Does your child (ask you to) read the Bible at home? Yes, Often Yes, Occasionally Never
- Does your child have personal devotions? Yes, Often Yes, Occasionally Never
- Does our child ask you questions about God or Jesus or heaven? Yes, Often Yes, Occasionally Never
If yes, what? _____

G. Parents/Guardians' Religious Background and Practices

	Father/Guardian	Mother/Guardian
1. Religion		
2. Attends Church		
3. Church Affiliation	yes no	yes no
4. How do you think a person can go to heaven?		
By doing good	yes no	yes no
By donating money to charity or people	yes no	yes no
By reading the Bible/attending Bible Studies	yes no	yes no
By attending mass/church regularly	yes no	yes no
By praying everyday	yes no	yes no
By God's grace through faith in Jesus Christ	yes no	yes no
Others (please specify)		
5. Do you know for sure if you were to die today that you would go to heaven?	yes no	yes no
6. Who do you think Jesus is?		
7. Would you like to know more about heaven and Jesus Christ?		
8. If you would like to join a Bible Study, what day and time do you prefer?		

H. Parent/Guardian Specimen Signature for Future Verification Purposes:

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Father's Signature

Mother's Signature

Guardian's Signature