



# INTERNATIONAL BRITISH ACADEMY

Km. 25 Emilio Aguinaldo Highway  
Anabu II-D, Imus, Cavite

Telephone Number: (046) 471-5922; Fax Number: (046) 471-5924

Affix your  
2 x 2  
photograph  
here.

## Student Application Form

Entry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Student Number: \_\_\_\_\_  
School Year: \_\_\_\_\_      Level Applied For: \_\_\_\_\_  
Term:       First    Second    Third      Class Type:    Regular    ESL

### Student Information

Last Name: _____	First Name: _____	Middle Name: _____
English Name (if applicable): _____	Current Address: _____	
Nationality: _____	_____	
Date of Birth: _____	Sex (M/F): _____	_____
Place of Birth: _____	_____	
Language Spoken/Written: _____	Permanent Address: _____	
_____	_____	
Home Number: _____	_____	
Mobile Number: _____	_____	
Student will: <input type="checkbox"/> commute by private car <input type="checkbox"/> take the school bus: Area: _____		

### Parent Information

<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother
<input type="checkbox"/> Mr.	<input type="checkbox"/> Engr. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Other: _____
<input type="checkbox"/> Dr.	<input type="checkbox"/> Atty.   _____	<input type="checkbox"/> Atty.	<input type="checkbox"/> Engr.   _____
Father's Name: _____	Mother's Name: _____		
Nationality: _____	Nationality: _____		
Contact Number: _____	Contact Number: _____		
Email Address: _____	Email Address: _____		
Current Address: _____	Current Address: _____		
_____	_____		
_____	_____		
Permanent Address: _____	Permanent Address: _____		
_____	_____		
_____	_____		

## Parental Status

Check where applicable: (If description does not apply to your family, please adjust the wording.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Parents Married  | <input type="checkbox"/> Mother Deceased  | <input type="checkbox"/> Parents Separated/Divorced |
| <input type="checkbox"/> Father Deceased  | <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Other (please specify)     |
| <input type="checkbox"/> Father Remarried | <input type="checkbox"/> Single Parent    | _____   |

Applicant lives with:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Father and Mother | <input type="checkbox"/> Father            | <input type="checkbox"/> Mother                 |
| <input type="checkbox"/> Stepfather/Mother | <input type="checkbox"/> Stepfather/Father | <input type="checkbox"/> Other (please specify) |
| _____                                      |  |   |

Please indicate who is responsible for:

School-related decisions: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Receive school correspondence \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

Preferred name, address and contact nos. for billing: \_\_\_\_\_

## Siblings

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

## Guardian (appointed by parents if possible)

Name(s): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Office \_\_\_\_\_ Residence \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Scholastic Information

Applicant's current or most recent school \_\_\_\_\_

School Address

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School Year Attended \_\_\_\_\_ Grade level attended \_\_\_\_\_ Grade level completed \_\_\_\_\_

Other Schools Attended/Graduated:

Elementary School: \_\_\_\_\_

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

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Middle School: \_\_\_\_\_

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

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Why are you changing schools? (for year 7 to 11 only) \_\_\_\_\_

Is the applicant in good standing and eligible to remain at or return to the present school?

Yes  No

Did the applicant pass all subjects during the last year/quarter/semester attended?

Yes  No

If not, which subjects did the applicant fail? \_\_\_\_\_

Has the applicant ever received disciplinary action in his/her former school?

Yes  No If yes, state the reason \_\_\_\_\_

How long does the applicant intend to stay at International British Academy? \_\_\_\_\_

If applying for admission to Year 8, 9, or 10, does the applicant intend to finish Year 11?

Yes  No If no, state the reason \_\_\_\_\_

HONORS AND AWARDS (please list down recognition received, e.g. captain of the team, class club officer, role in a play)

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OUTSTANDING ACHIEVEMENT AND RECOGNITION

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STUDENT INTERESTS/HOBBIES/SPORTS (e.g. drawing, painting, soccer, taekwondo)

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## Foreign Passport Holders

The Philippine Government requires a SPECIAL STUDY PERMIT, rather than student visa, for foreign students who are minors. Exempted from this requirements are children of parents in any of the following visa categories:

(Please check the appropriate category and attach copy of parent's visa.)

- Permanent foreign residents
- Foreigners with valid working visa
- Foreign diplomatic personnel
- Personnel from duly accredited Int'l organizations residing in the Phils.
- Special Retiree's Resident Visa (SRRV)
- Special Investor's Resident Visa (SIRV)

## Parent /Guardian Permission for Drug Testing

(For Applicants from Year 7 to 11)

We believe that one of the conditions to a conducive learning environment is a drug-free environment. Our mission here are at International British Academy is to *“teach children the right way, so that when they grow old, they won't stray.”* Thus we want our students to learn and adapt positive values and practices that would allow them to be productive and responsible citizens.

However, with the significant influence media has made on our society and the peer pressure our students are experiencing at certain period, we strongly believe that educating our students and keeping them from drug use will help them make positive decisions where dangerous drugs are concerned.

In this light, we ask for your cooperation and support by giving us consent in conducting random urinalysis of our students from time to time. We assure you that such selection is conducted arbitrarily and that results will be made confidential and parents will be immediately notified.

Our intention for students who test positive is to provide drug treatment or intervention. Subsequent positive test after rehabilitation, however, may be grounds for dismissal of the student from IBA.

I give International British Academy permission to conduct drug tests (urinalysis) as they deem necessary.

\_\_\_\_\_  
Applicant Name and Signature  
(Year 7 and above)

\_\_\_\_\_  
Parent/Guardian Name & Signature

\_\_\_\_\_  
Date

## Withdrawal and Refund

The following provisions on the withdrawals and refunds of fees are adopted in accordance with existing rules and regulations of the Department of Education.

### Rules for Refund:

#### A. Refundable Fees:

1. Only tuition fees are refundable.
2. The amount refundable is based on the total tuition fee paid for the term enrolled in.

#### B. Schedule of refund of fees:

##### For Regular Students:

Tuition fee refund may be granted based on the following schedule:

- 90% if withdrawal is made before the first week of classes.
- 85% if withdrawal is made within the first week of classes.
- 75% if withdrawal is made within the second week of classes.
- 0% if withdrawal is made beyond the second week of classes.

##### For ESL Students:

Tuition fee refund may be granted based on the following schedule:

- 90% if withdrawal is made before the first week of classes.
- 85% if withdrawal is made within the first week of classes.
- 75% if withdrawal is made within the second week of classes.
- 50% if withdrawal is made within the third/fourth week of classes.
- 0% if withdrawal is made beyond the fourth week of classes.

#### C. Exceptions:

A student may seek refund of his/her tuition fees beyond the second week of classes provided, however, that the following conditions are met:

1. He/ She has transferred to another country or locations, thus making reporting to school at IBA impossible or impractical.
2. The students has contracted an illness or physical incapability, attested to by medical certificate, indicating that he/she can not attend to class at IBA or in other school for the rest of the academic year, and
3. Other reasons bearing recommendation of higher authorities of the school, e.g. Administrator.

The following reasons are not acceptable as bases for a petition for refund of fees:

1. The transfer of student is voluntary.
2. The student fails to adjust to his environment, e.g. school location, travel condition, personal relationship with peers and superiors;
3. Incompatibility with school rules and regulations affecting personal choices and biases, and
4. The student has lost interest in his/her studies and in school, in general.

It is understood that a student enrolling to IBA has entered into a contract with the school to finish his/her course within the entire length of its duration. Within this duration, the student occupies a slot in the student population, thus contributing to the attainment of its population limit. As a consequence thereof, the school loses the opportunity to accept additional bona fide enrollees.

In view of the above provisions and reasons, and unless for justifiable reasons, the school shall charge the student the total amount of tuition fee for the entire school year, if they are enrolled in academic program or the whole term if enrolled in the ESL program. No official clearance will be released until fees and/or other back accounts with the school are fully paid.

We have read and fully understood the provisions, stated above and wholeheartedly agree to its content.

\_\_\_\_\_  
Parent's/Guardian's Printed Name over Signature

\_\_\_\_\_  
Date

## Enrollment Procedure

TO BE FILLED OUT BY DESIGNATED PERSONNEL

SIGNATURE

Step 1. REGISTRAR'S OFFICE  
Fill - up Application Form

Checked by:

\_\_\_\_\_

Step 2. REGISTRAR'S OFFICE  
Submit School Requirements

Received by:

\_\_\_\_\_

- Birth Certificate
- 2x2 pictures ( 4 pcs )
- Transcript of Records (F137)
- Report Card (F138)
- Medical Certificate
- Certificate of Good Moral Character /  
Recommendation Letter from Previous School

Remarks:

- Has submitted all requirements
- Has lacking requirements

For foreign students:

- Photocopy of Student Passport with valid visa
- Photocopy of Parent Passport with valid visa
- Alien Certificate of Registration
- Requirements for Special Study Permit

Lacking requirements  
Should be submitted on  
Or before \_\_\_\_\_.

Step 3. CASHIER  
Pay Admission Examination Fee

Received by:

\_\_\_\_\_

Step 4. REGISTRAR'S OFFICE (Schedule of Admission Test)  
Time of Examination \_\_\_\_\_; Date: \_\_\_\_\_.  
Test will be administered by \_\_\_\_\_ at \_\_\_\_\_.

Scheduled by:

\_\_\_\_\_

Step 5. ESL COORDINATOR (Admission Test)  
Present receipt of admission test payment and  
Entrance Test Endorsement Form.

Test Administered by:

\_\_\_\_\_

Result of Test: \_\_\_\_\_

Endorsed for Initial Interview: \_\_\_\_\_

**Step 6. HEAD OF ENGLISH DEPARTMENT (Initial Interview)** Interviewed by: \_\_\_\_\_  
Date / Time: \_\_\_\_\_ / \_\_\_\_\_  
Result of Interview: \_\_\_\_\_  
Endorsed for Final Interview: \_\_\_\_\_

**Step 7. HEAD MASTER (Final Interview)** Interviewed by: \_\_\_\_\_  
Date / Time: \_\_\_\_\_ / \_\_\_\_\_  
Result of Interview: \_\_\_\_\_  
Endorsed to Regular Class: \_\_\_\_\_  
Endorsed to Regular Class with condition: \_\_\_\_\_  
    \_\_\_\_\_ Academic Probation/ Assisted Learning  
    \_\_\_\_\_ Disciplinary Probation  
Endorsed to ESL Class: \_\_\_\_\_  
Did not meet requirements: \_\_\_\_\_

**Step 8. REGISTRAR'S OFFICE** Registrar: \_\_\_\_\_  
Registration Office informs parents / applicants of the results of the test with  
48 hrs ( 2 days)  
Admission Application Status: \_\_\_\_\_

**Step 9. REGISTRAR'S OFFICE** Registrar: \_\_\_\_\_  
Secure assessment of fees and proceed to accounting office for payment.

**Step 10. CASHIER'S OFFICE** Cashier: \_\_\_\_\_  
Official Receipt: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**Step 11. REGISTRAR'S OFFICE** Registrar: \_\_\_\_\_  
Secure Registration Form, Book List Form and List of School Materials



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## Health Form

### Personal Information

Please type or print neatly.

Student's Name	_____		
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Nickname/English Name:	_____	Gender (M/F)	_____
Phone	_____	Date of Birth	_____
		<i>Month</i>	<i>Day</i> <i>Year</i>
Home Address	_____		
Father's Name	_____		
Mother's Name	_____		
	Resides with	_____	
Person(s) to contact in case of emergency			
	<i>Name(s)</i>	<i>Relationship to Student</i>	<i>Telephone Number/s</i>
	_____	_____	_____
	_____	_____	_____

### Health History

Does your child wear any eye glasses or contact lenses?	<input type="radio"/> Yes	<input type="radio"/> No	If so, please state the grade _____
Does your child have any allergies (to medication, food or others) that you are aware of?	<input type="radio"/> Yes	<input type="radio"/> No	If so, please state _____
Does your child have any illness or disability that the school may need to be aware of?	<input type="radio"/> Yes	<input type="radio"/> No	If so, please indicate _____
Has your child ever been hospitalized for any reason?	<input type="radio"/> Yes	<input type="radio"/> No	If so, for what reason? _____
If you know your child's blood type, please indicate.	_____	Rh group	_____
	(A, B, AB, O)		+ or -



## Additional Information

Do you have a family doctor?

Yes

No

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Name and Address \_\_\_\_\_  
\_\_\_\_\_

## Authorization

I give consent for my child to receive the following:

YES

NO

1. Minor first aid by nurse at the school clinic  
(over the counter medication and treatment)

- paracetamol syrup
- paracetamol tablet 500 mg
- petroleum jelly
- strepsils lozenges
- povidone Iodine (betadine)
- caladryl lotion
- neozep tablet
- neozep syrup
- salonpas liniment
- kremil -s
- mefenamic acid 250 mg
- buscopan
- oral rehydrite solution
- bactidol oral antiseptic
- accite manzanilla oil
- hydrogen peroxide
- bioflu
- bonamine
- immodium

2. Transportation to the hospital of the school's  
choice, in severe or emergency cases

*Note: If you checked "No" to numbers 1, 2, and 3, the clinic will not provide any health care for the student, until alternate emergency care instructions (from parents or official guardian) are on file with the Clinic.*

In the event that my child requires emergency medical care and I cannot be reached, I give permission to International British Academy authorities to act on my behalf. I also authorize them to sign any necessary forms required by the hospital.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature and Date

## Other Requirements

- Please attach a photocopy of your child's immunization record.

Date Submitted \_\_\_\_\_

- If your doctor makes any recommendations or restrictions during the school year regarding your child's health, please submit the recommendation to the school as soon as possible. Otherwise, your child will be considered "Physically Fit" and able to participate in Physical Education (P.E.) activities required by the curriculum and in other activities that may be part of the school program.

