



LINKS

School for Life

Application

Links-POD

Attach ID
Picture

APPLICATION FOR ADMISSION: SY 20__ - 20__

Date:	No:

Student's Name	Date of Birth	Present Age	Age By June
_____	_____	Yr: Mos:	Yr: Mos.
Last First M.I.	Mo/Day/Year		

Address:	Contact No(s):	Nationality:	Religion:
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Father's Name:	Work Address:	Telephone:	Occupation:
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Mother's Name:	Work Address:	Telephone:	Occupation:
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Guardian's Name:	Address:	Telephone:	Relation:
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Sibling(s), Ages, School(s) Attended

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Level Applying For: N K P	Previously studied at:
Father's Signature Mother's Signature	
_____	_____

*Do not write below this line SUBMISSION OF REQUIRED CREDENTIALS

_____ Application Fee _____	_____ Copy of Baptismal Certificate
_____ Accomplished Application Form	_____ Medical History Form
_____ 5 copies of recent 1x1 ID picture	_____ Testing Fee
_____ Copy of Birth Certificate (present original)	
Application received by: _____	Application approved by: _____
Initial Date	Initial Date

Date of Parent Interview:			
Date of Child Interview/Assessment:	Time	Place	Admissions Committee Decision:
Assessment Results:			
Behavioral Observation:			
Examiner's Recommendation:			