

Scholastic Information

Applicant's current or most recent school _____
School Address

School Year Attended _____ Grade level attended _____ Grade level completed _____

Other Schools Attended/Graduated:

Nursery: _____

Kindergarten: _____

Preparatory: _____

Elementary School: _____

Why are you changing schools? _____

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

Yes No

Did the applicant pass all subjects during this last School Year?

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 CCFT Coron International School?

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

OUTSTANDING ACHIEVEMENT AND RECOGNITION

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

Parents/Guardian Signature

Signature over Printed Name

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 total tuition fee for the term enrolled in.

B. Scheduled of refund fees:

For Regular Students:

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

- 90% if withdrawal is made **before** the first week of classes.
- 85% if the withdrawal is made **within** the first week of classes.
- 75% if the withdrawal is made **within** the second week of classes.
- 0% if the withdrawal is made **beyond** the second 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 CCFT Coron International School impossible or impractical.
2. The student has contracted an illness or physical incapability, attested to by medical certificate, indicating that he/she can not attend to class at CCFT Coron International School for the rest of the academic year, and
3. Other reasons bearing recommendation or higher authorities of the school, e.g. Administrator.

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

1. The transfer 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 attending 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 CCFT Coron International School has entered into a contract with the school to finish his/her course within the entire length of its duration. Within his duration, the student occupies a slot in the students population, thus contributing to the attainment of its 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. No official clearance will be released until fees and/or other back accounts with the school are fully paid.

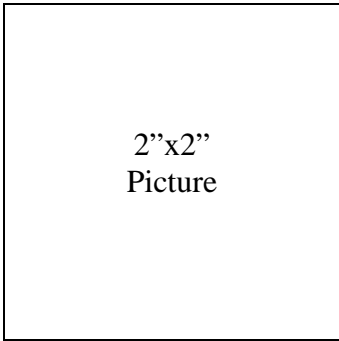
We have read and fully understand the provisions, stated above and wholeheartedly agree to its content.

Parent's/Guardian's Printed Name over Signature

Date



"An Institution of Learning that provides comprehensive educational programs for children of diverse backgrounds"



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: _____
Home Address: _____		

Father's Name: _____		
Mother's Name: _____		Resides with: _____
Person(s) to contact in case of emergency		
Name(s)	Relationship to Student	Telephone Number/s
_____	_____	_____
_____	_____	_____

Health History

Does your child wear any eyeglasses or contact lens?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No If so, please state _____
Does your child have any illness or disability that the school may need to be aware of?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No If so, please indicate _____
Has your child ever been hospitalized for any reason?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No If so, what reason? _____
If you know your child's blood type, please indicate _____ Rh group _____	
<i>(A, B, AB, O)</i>	<i>+ or -</i>

Additional Information

Do you have a family doctor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doctor's Name: _____	Phone: _____	
Hospital Name and address: _____ _____		
Telephone number: _____		

Authorization

I give consent for my child to receive the following:		
1. Minor first aid by nurse at the school clinic (medication treatment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Emergency care at the school clinic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Transportation to the hospital of the school's Choice, in severe or emergency cases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Note: If you check "No" to numbers 1, 2, and 3, the clinic will not provide any health care for the student, until alternate emergency care instructions (from the parents or official guardian) are on file with the Clinic.</i>		
In the event that my child requires emergency medical care and I cannot be reached, I give permission to CCFT Coron International School authorities to act on my behalf. I also authorize them to sign any necessary forms required by the hospital.		
_____	_____	
Printed Name of the Parent / Guardian	Signature and Date	

Other Requirements

- | |
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| <ul style="list-style-type: none">• Please attach a photocopy of your child's immunization record.
Date Submitted _____• If your Doctor mails 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 other activities that may be part of the school program. |
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