



Treston International College  
32nd Street University Parkway, Bonifacio Global City, Taguig, MM  
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brightside@treston.edu.ph

Passport Size  
Photo

## APPLICATION FOR ADMISSION

Control No. 2023 - \_\_\_\_\_

### Learner Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last Name First Name Middle Name

Gender: ☐ Male ☐ Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

Language Spoken	Language Understood

Is this your first application to Treston-BrightSide Academy (Treston-BSA)? ☐ Yes ☐ No

### Learner Information

Has your child skipped a grade? ☐ Yes ☐ No If yes, what grade/s? \_\_\_\_\_

Has your child ever been in a gifted program? ☐ Yes ☐ No If yes, what grade/s? \_\_\_\_\_

Has your child been retained in or repeated a grade? ☐ Yes ☐ No If yes, what grade/s? \_\_\_\_\_

Has your child had any learning difficulties? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Has your child received extra help in school? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Has your child ever been enrolled in a Learning Support Program? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Has your child ever had an individualized Education Plan? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Has your child had any psycho-educational evaluation? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Does your child have any behavioral issues? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Does your child have any physical disabilities or impairments? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Does your child need assistance in going to the toilet? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Does your child have any medical conditions? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Has your child had any counseling for personal or emotional difficulties? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Has your child received any English Language Support at school? ☐ Yes ☐ No  
If yes, please elaborate. \_\_\_\_\_

Please fill-in the following if English is NOT the first language of your child:

SKILLS	FLUENT	STRONG <small>BUT NEEDS IMPROVEMENT IN READING/Writing</small>	LIMITED	BEGINNER
Reading	<div></div>	<div></div>	<div></div>	<div></div>
Writing	<div></div>	<div></div>	<div></div>	<div></div>
Speaking	<div></div>	<div></div>	<div></div>	<div></div>
Listening <i>(Comprehension)</i>	<div></div>	<div></div>	<div></div>	<div></div>

Learner’s current or most recent school attended: \_\_\_\_\_

School Website: \_\_\_\_\_ School Address: \_\_\_\_\_

Head of School: \_\_\_\_\_ Email Address: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_ Last Month/ Year Attended: \_\_\_\_\_ School Calendar Months: \_\_\_\_\_

NAME OF SCHOOL/S ATTENDED	CITY/ COUNTRY	DATES ATTENDED <small>(mm-yyyy to mm-yyyy)</small>	AGE OF APPLICANT	GRADE LEVEL	LANGUAGE OF INSTRUCTION

If your child has been attending school, what is the reason for changing schools?  
\_\_\_\_\_

Is your child eligible to remain or return to their most recently attended school? ☐ Yes ☐ No

If not, please elaborate:  
\_\_\_\_\_  
\_\_\_\_\_

Did your child pass all his/her subjects during his/her last grading period? ☐ Yes ☐ No

If not, please provide the subjects wherein he/she failed:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received any disciplinary action in his/her former or current school? ☐ Yes ☐ No

If yes, please elaborate and provide reasons for detention/suspension:  
\_\_\_\_\_  
\_\_\_\_\_

How long do you intend your child to stay in Treston–BSA? \_\_\_\_\_

Has your child received any honors, certificates, achievements, or awards in school? *(Please provide, including key positions held in school organizations.)*

#### Medical Records:

Physician Name	Specialization	Clinic Address	Clinic Tel. No.	Mobile No.

#### Learning Support Records:

Learning Focus	Center Name	Center Address	Center Tel. No.	Mobile No.	Name of Specialist

#### Academic Records:

School	Grade Level	Address	Tel. No.	Mobile No.	Last Year Attended

#### Learner Hobbies and Interests: *(Check all that apply)*

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Arts/Design         | <input type="checkbox"/> Singing  | <input type="checkbox"/> Drama/Theater        |
| <input type="checkbox"/> Drawing             | <input type="checkbox"/> Dancing  | <input type="checkbox"/> Film/Motion Pictures |
| <input type="checkbox"/> Painting            | <input type="checkbox"/> Cooking  | <input type="checkbox"/> Photography          |
| <input type="checkbox"/> Digital Art         | <input type="checkbox"/> Robotics | <input type="checkbox"/> Sports: _____        |
| <input type="checkbox"/> Reading             | <input type="checkbox"/> Baking   | <input type="checkbox"/> Others: _____        |
| <input type="checkbox"/> Musical Instruments |                                   |   |

### Learner Goals

1. What does your child aim to be? (e.g., A job he/she wants to be doing)

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2. What Is your goal for your child?

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### Foreign Passport Holders

Upon your child's acceptance to Treston-BSA, the Admissions Office will provide the family with information regarding visa requirements. Please accomplish the necessary forms and submit the completed forms before the first day of the Center.

Treston-BSA has all the capabilities to assist with your visa requirements; however, it is pertinent that all documents and supporting records be submitted in a timely manner so that your child can start attending the program.

### Parent Information

#### MOTHER

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Birthday \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email Address \_\_\_\_\_

#### FATHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Status:**

- ☐ Parents Married  
☐ Father Deceased  
☐ Father Remarried

- ☐ Applicant Adopted  
☐ Mother Deceased  
☐ Mother Remarried

- ☐ Single Parent  
☐ Parents Separated  
☐ Parents Divorced

**Applicant lives with:**

- ☐ Father  
☐ Stepfather  
☐ Household Help

- ☐ Mother  
☐ Stepmother

- ☐ Siblings  
☐ Grandparents

Primary caregiver: \_\_\_\_\_

**Please indicate who is responsible for:**

- Program-related decisions:  
☐ Father ☐ Mother

- Receive Center correspondents:  
☐ Father ☐ Mother

**Siblings:**

Name	Age	Grade Level	School

**Declaration**

We hereby certify that we have fully read and understood all instructions regarding our child’s application for admission to Treston–BSA and the information supplied in the application together with the supporting documents are correct and complete. We understand that falsification or withholding of information on this form will automatically nullify our application and/or subject our child to dismissal.

If our child is accepted as a learner of Treston–BSA, we agree to abide by all its policies and regulations.

If accepted, our child/ we will abide by the Center’s policies and procedures.

We understand that as part of the Center’s multidisciplinary approach, our child, together with other learners, may take organized field trips and shall be supervised by staff members who will exercise all reasonable caution. We also understand that the Center cannot accept any liability for any accident or untoward incident which may occur either at Center or en route to the identified place of activity.

We grant permission to Treston–BSA to use our child’s photos in print or digital format for the promotion of the Center as well on its website.

We understand that the Treston–BSA facilities, including the main learning spaces, therapy rooms, meeting rooms, and other common spaces, are monitored by a CCTV network. Any footage taken from these recordings shall be used for research, documentation for our child’s progress, and other relevant behavior that may matter to the development of our child. All recordings that will be used for research purposes shall not be traceable to our child nor our families; all faces and identifiable marks shall be concealed or blurred.

\_\_\_\_\_  
Name & Signature of Parent

\_\_\_\_\_  
Date