



# FILIPINO - TURKISH TOLERANCE SCHOOL

Kindergarten - Elementary - High School

*where love, concern and success meet...*

## ADMISSION FORM

Please fill-up this form completely. Write in BLOCK CAPITAL.  
Please do not leave any question unanswered.

2x2  
photo

### Personal Data

Name: \_\_\_\_\_  
(Last Name) (First name) (Middle Name)

Complete Permanent Address: \_\_\_\_\_

Telephone # (home): \_\_\_\_\_ Mobile # (Parent): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Gender: \_\_\_\_\_ Tribe: \_\_\_\_\_

Dialect Spoken: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Grade/Year & Section: \_\_\_\_\_ School Year: \_\_\_\_\_

If staying with the Guardian

Name of Guardian: \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship to students: \_\_\_\_\_

### Family Background

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Family Status: (Please check)

- ( ) Living together ( ) divorce/annul  
( ) separated ( ) others (specify) \_\_\_\_\_

Number of Siblings: \_\_\_\_\_

Order in the family: (Please check)

- ( ) only child ( ) 1<sup>st</sup> child ( ) 2<sup>nd</sup> child ( ) others (specify) \_\_\_\_\_

How did you come to know about FTTS?

- Radio Ad.  Fliers/Signage  Newspaper  
 Friends/Neighbors  Website  other \_\_\_\_\_

I hereby certify that all information in this admission form is complete and accurate.

\_\_\_\_\_  
Student's Signature over Printed Name

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

## Student's Pledge

In consideration of my admission to Filipino-Turkish Tolerance School and the privileges I will henceforth enjoy as a student of this institution, I hereby pledge to abide by the rules and regulations laid down by the competent authority of the school I am enrolled in.

\_\_\_\_\_  
Student's Signature over Printed Name

## AGREEMENT

I/We, \_\_\_\_\_ and \_\_\_\_\_ AGREE/PERMIT my/our son/s or daughter/s or ward/s to participate in all activities the school shall undertake outside the campus.

I/We, the parent/guardian will take the responsibility of paying the amount of property/ies that will be damaged by my/our son/s or daughter/s or ward/s in the amount decided by the Administration.

I/We, parent/guardian will pay the accounts of my/our son/s or daughter/s or ward/s on the dates stipulated by the Administration. Otherwise, I/We, will accept the responsibility whichever the Administration has decided regarding my/our son/s or daughter/s or ward/s situation, either imposing disciplinary actions against my/our son/s or daughter/s or ward/s or will be basis for his/her exclusion.

I/We, the parent/guardian AGREE to inform first the School Administration on or before February within the present school year, if I /we will transfer my/our son/s or daughter/s or ward/s to another school for succeeding school year.

I/We, the parent/guardian shall also AGREE that once my/our son/s or daughter/s or ward/s shall have three (3) or more failed subjects within the school year, he/she will be retained in the same grade/year level the following school year.

I/We, the parent/guardian shall also AGREE that once my/our son/s or daughter/s or ward/s shall have absences equivalent to twenty (20%) percent of the number of school days within the school year, he/she shall be automatically dropped from the enrolment list.

I/We, the parent/guardian shall AGREE to any tuition and miscellaneous fee increase that shall be decided upon by the School Administration, provided, the increase/s shall be between of 1 % to 17.1% as stipulated in the manual of the private school, 2009.

Considering the benefits that my/our son/s or daughter/s or ward/s shall derive from his/her participation in such activities such as: picnics, parades, motorcades, educational tours, training-workshops, competitions, contest, etc... and realizing that every precaution is to be undertaken by the coordinators/teachers of such activity/ies, I/we, the parent/guardian AGREE that the organizers shall not be held responsible for any unavoidable incident or accident that might befall my/our son/s or daughter/s or ward/s in connection with his/her participation in the activity/ies.

Done on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at FTTS Campus, Pitogo, Sinunuc, Zamboanga City, Philippines.

Name and Signature of Parent/Guardian  
\_\_\_\_\_

Conforme:

**ISMAIL KULLAP**  
School Director

Name: \_\_\_\_\_  
(Last Name) (First name) (Middle Name)

**MEDICAL HISTORY**

➤ Any history of the following ailment?

ASTHMA                       DENGUE FEVER                       TYPHOID FEVER  
 MALARIA                       HEART AILMENT (specific) \_\_\_\_\_  
 ALLERGIES (specific) \_\_\_\_\_ (ex: food/medicine)

➤ Other ailments (in the family) : \_\_\_\_\_

➤ Surgical History (if any) : \_\_\_\_\_

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Name: \_\_\_\_\_  
(Last Name) (First name) (Middle Name)

**STUDENT'S INTEREST**

Hobbies:      ( ) Reading      ( ) Writing      ( ) Dancing      ( ) Cooking  
                  ( ) Singing      ( ) Playing online games

Areas of Interest:      ( ) Mathematics      ( ) Sciences      ( ) English      ( ) Social Studies

Study Habits:      ( ) Studies continuously everyday during force  
                          ( ) Allots time for each subject every night  
                          ( ) Studies only when there is test  
                          ( ) Does not study at all

Home Chores:      ( ) Cooking                      ( ) Housekeeping  
                          ( ) Washing Clothes      ( ) others (specify) \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite TV Program: \_\_\_\_\_

Favorite Sport: \_\_\_\_\_

Motto in Life: \_\_\_\_\_

Ambition: \_\_\_\_\_

Things s/he likes: \_\_\_\_\_

Things s/he dislike/s: \_\_\_\_\_