

Name of Applicant:				Level Applied For:		
	LAST	FIRST	MIDDLE			
Current School:				School Year:		
Why would you like your daug	hter to study in As	ssumption? (If yo	u have several reasons	s, please number them acco	ording to priority.)	
Vhat are the things/ tasks tha	t your daughter:					
CAN DO WELL	:	<u>L</u>	OVES DOING	NEEDS TO	NEEDS TO IMPROVE ON	
Can you narrate to us sequen	tially your daughte	ur'e:				
		ACTIVITIES DURING WEEKDAYS		ACTIVITIES DURING WEEKENDS		
DAILY ROUTIN	-	ACTIVITIES	S DURING WEEKDAYS	ACTIVITIES DUE	HING WEEKENDS	
What are the values that you t	teach your childre	n and why?				
are there any significant/traun	natic experiences	during your daug	hter's early years that	you think and feel the school	ol should know?	
Are there any other information	in that you think ar	nd feel that the so	shool should know abo	ut vour daughter?		
as alors any other information	ande you trimin di			at jour dadgritor:		
Parent'	s Printed Name a	and Signature		Date		