



Hands of Hope Faith Academy Application Form

Student Information

Family Name: _____ First Name: _____

Birthday: _____ Age: _____ Sex: _____ Grade: _____

Medical Conditions (food allergies, health concerns, medications):

Has your child sat the Faith Academy Assessment test? Yes / No

Parent Information

Family Name: _____ First Name: _____

Barangay: _____ Cell Phone No. _____

Emergency Contact

Family Name: _____ First Name: _____

Barangay: _____ Cell Phone No. _____

Enrollment History – Previous School

School Name: _____ Grades completed: _____

What Next?

Please drop this form off to Hands of Hope Faith Academy Administration office. You will be contacted on the phone number/s you have provided to arrange an interview with you and your child. **If you have any questions then please contact us on 09 27 386 2964**

Parent's name

Parent's Signature