



ASSESSMENT for PLACEMENT in ALRES FORM (APAF)

DATE of APPLICATION : _____
NAME of CHILD : _____
AGE (Birth Date) : _____
ADDRESS : _____
PARENT/S' NAME/S : _____
CONTACT NOS. : _____
E-MAIL ADDRESS : _____

Requirements for Admission:

- Referral for Admission from Developmental Pediatrician / Therapist / Psychologist / Guidance Counselor / Others: _____
(Please underline where the referral came from.)

- Supporting Documents from School / Therapy Center
School Report Card (Name of School): _____
Last Level Attended: _____
Therapist/s' Progress Report (Therapist & Name of Center/Affiliation):

- Recommended for Admission - SPED Initial Assessment
Assessed and Recommended by: _____

- Passed Interview with Parent/s or Guardian/s
Interviewed by: _____

- Payment of P1,400.00 application fee
 Cash Check# _____

- Attach pertinent documents to this form.

**This certifies that _____ has passed the requirements for
(Name of Child)
admission to ALRES-PHILS., Inc. for SY _____ - _____. He/She will be admitted to the
following level and section: _____.**

School Registrar

Assistant Principal

Genevieve Rivadelo-Caballa, PHD PTRP
Executive Director, ALRES-PHILS.