

FINANCE (Please give details of your source of funding for the course.)

SPECIFIC NEEDS

- | | |
|--|---|
| <input type="checkbox"/> 0 – None | <input type="checkbox"/> 5 - Personal care or assistance |
| <input type="checkbox"/> 1 - Dyslexia | <input type="checkbox"/> 6 - Mental health difficulties |
| <input type="checkbox"/> 2 - Blind/Partially sighted | <input type="checkbox"/> 7 - Unseen disability, e.g. diabetes, asthma etc. |
| <input type="checkbox"/> 3 - Deaf/Hard of hearing | <input type="checkbox"/> 8 - One or more of the above disabilities |
| <input type="checkbox"/> 4 - Wheelchair user | <input type="checkbox"/> 9 - Other disability not listed (please specify below) |

If you have any disability (physical or other) or medical condition that might necessitate special requirements or facilities, please give brief details.

Where did you hear about Southville? *Previous/current student* *Careers Fair* *Direct Mail* *Open Day* *Billboard*
Facebook Ad *Newspaper Ad* *Friends* *Internet* (please state site _____)

DECLARATION: I understand that I am responsible for payment of all tuition fees. I agree to comply with the statutes, ordinances, by-laws, regulations, rules and conditions of Southville for the time being in force, including Health, Safety and Disciplinary Regulations. I agree that all ideas, materials or work produced by me and submitted as part of the requirements of my programme of study and all intellectual property rights therein will become the absolute property of the Southville, unless specifically agreed to the contrary.

Signature: _____ Date: _____

**ONCE COMPLETED THIS FORM SHOULD BE RETURNED TO OFFICE OF THE REGISTRAR,
APPLICATIONS WILL NOT BE CONSIDERED WITHOUT APPROPRIATE REFERENCES.**

FOR OFFICE USE ONLY:

Academic Decision: Reject () Accept ()

Conditions of offer:

Signed: _____ Date: _____



Please keep a copy of this form for your records and return the original to

**OFFICE OF THE REGISTRAR
SOUTHVILLE INTERNATIONAL SCHOOL
AFFILIATED WITH FOREIGN UNIVERSITIES**

Lima corner Luxembourg Streets, BF International, Las Piñas City

Please enclose references with your application or contact your referees to request them to send the reference to

OFFICE OF THE REGISTRAR

Tel: 632-8209181, 8205952

Fax: 8255147

Email: registrar@southville.edu.ph