

Application Form to Principal

Applicant Details:

- Full Name: _____
- Date of Birth (MM/DD/YYYY): _____
- Current Grade/Class: _____
- Address: _____

Contact Information:

- Student's Phone Number: _____
- Parent/Guardian's Phone Number: _____
- Email Address: _____

Application Reason:

- Subject: _____
- Detailed Reason for Application: _____

Requested Action/Support:

- Describe the support or action you are requesting from the Principal:

Previous Communication/Interactions Regarding the Issue:

- Have you previously reported this issue to any staff member? Yes / No

- If yes, provide details: _____
-

Attachments:

- Please attach any relevant documents or evidence supporting your application. [] Medical documents [] Academic records [] Other relevant documents

Parent/Guardian Authorization (if applicable):

- I, the undersigned, authorize this application and verify that the information provided is accurate.
- Parent/Guardian Name: _____
- Signature: _____
- Date: _____

Student Declaration:

- I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false information may result in disciplinary actions.
- Student Signature: _____
- Date: _____

Office Use Only:

- Received By: _____
- Date Received: _____
- Action Taken: _____
- Remarks: _____