



# MODEL STATUS

## APPLICATION FORM

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Category:**     Church School         Non-Church School

**Courses Offered:**  
 Preschool         ABCs         Elementary         Junior High School         Senior High School

**Telephone Number/s:** \_\_\_\_\_ **Cellphone Number/s:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Contact Person/s & Designation of the Person/s:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Date Started with SOT<sup>®</sup>P:** \_\_\_\_\_ **Date of Last School Assistance Visit:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Status Applying For:**     Supervised         Certified

.....

### FOR SOT<sup>®</sup>P USE ONLY

**Application Received By:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Endorsed To:** \_\_\_\_\_

**Date Endorsed:** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_

**Evaluator/s:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_