



**ADMISSION FORM**

I.D.  
Picture  
1 x 1

**PERSONAL DATA**

Name: \_\_\_\_\_  
   (Surname)  (Given Name)  (Middle Name)

Sex at Birth: : \_\_\_\_\_ Gender Preference: : \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
 Temporary Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Landline No.: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Facebook Account: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Gender: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Rank in the family: \_\_\_\_\_ Total No. of Children/Siblings in the Family: \_\_\_\_\_  
 Special Skills: \_\_\_\_\_ Ages of Children/Siblings in the Family: \_\_\_\_\_  
 Favorite Sports: \_\_\_\_\_ STUFAP Grantee: (Please Check)  Yes  No

Learner's Reference Number: \_\_\_\_\_  
 Program: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_  
 Gadget Used in Studying:  Cellphone  Laptop  Desktop  Tablet  Others  
 Status of Internet Connectivity:  Stable  Unstable  None

**EDUCATIONAL BACKGROUND**

Level	School Attended	Degree Received	Inclusive Dates	Honors Received
Elementary	_____	_____	_____	_____
Junior High School	_____	_____	_____	_____
Senior High School	_____	_____	_____	_____
College	_____	_____	_____	_____

**FAMILY BACKGROUND**

Father's Name: \_\_\_\_\_  
   (Surname)  (Given Name)  (Middle Name)

Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-mail Add: \_\_\_\_\_  
 Highest Educational Attainment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
   (Surname)  (Given Name)  (Middle Name)

Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-mail Add: \_\_\_\_\_  
 Highest Educational Attainment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_

**PHYSICAL AND HEALTH**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Any Facial Distinctive Mark: \_\_\_\_\_  
 Do you have any physical disability or condition?  YES  NO

**Person to be notified in case of emergency: Parent/Guardian**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
   (Surname)  (Given Name)  (Middle Name)

Address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

**Note: Please fill up all blanks. If not applicable, indicate N/A.**

THIS PORTION FOR REGISTRAR'S USE ONLY		
Entrance Credentials	Admission Status	Scholarship
Enclose all Credentials in one Long, Brown Envelope (With your name written outside): <input checked="" type="checkbox"/> Accomplished Registrar's Admission Form with 3 pcs. 1x1 I.D. picture <input type="checkbox"/> Form 138 (High School Report Card, Original) <input type="checkbox"/> Good Moral Certificate (original) <input type="checkbox"/> Medical Certificate (original) <input checked="" type="checkbox"/> Authenticated Birth Certificate (PSA) photocopy <input type="checkbox"/> National Career Assessment Examination (NCAE) result (for takers only) <input type="checkbox"/> Official Transcript of Records for Transferees (original) <input type="checkbox"/> Certificate of Transfer for Transferees (original) <input type="checkbox"/> Drug Test Result (Deferred) GCTO: - Individual Student Profile - Student Record Form (Grade 10 and 11)	<input type="checkbox"/> New <input type="checkbox"/> Transferee <input type="checkbox"/> Cross-Registrant <input type="checkbox"/> Returning	Student No. _____ - _____
	Admission Date _____	Program Code _____
<b>MARILYN G. TEJADA, MBA</b> Registrar III		

