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Application Form

Instruction: Please fill-out this form by writing in **CAPITAL LETTERS** & using **BLACK PEN** only. Please do not leave any item blank.

Note: Cut off Average for **STEM Strand** in (English, Science & Mathematics) is **80**.

ID No. _____

Please check your preferred Track/Strand you plan to enroll at Liceo - De La Salle.

☐ ABM ☐ STEM ☐ HUMSS ☐ ARTS & DESIGN ☐ TVL Specialization: **Cookery**

Course you want to pursue in College: _____

PERSONAL INFORMATION

LAST NAME : _____

FIRST NAME : _____

MIDDLE NAME : _____

Permanent Home Address:				
House No. / Block No. /Street	Subdivision	Barangay	City/Municipality	Province

Birth Place : _____ Birth Date: _____ Age: _____ Sex: _____

Citizenship: ☐ Filipino ☐ Dual: _____ ☐ Foreign: _____

Religion: _____ E-Mail Address: _____

Landline: _____ Mobile Phone No.: _____

Height (ft): _____ Weight (lbs.): _____

Blood Type: _____

EDUCATIONAL BACKGROUND

Learner Reference Number (LRN: _____)

Elementary School: _____ Year Graduated: _____

Junior High School: _____ Year Completed: _____

JH School Address: _____ ☐ Public ☐ Private

FAMILY BACKGROUND:

Father's Name: _____ **Citizenship:** _____

Civil Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Others: _____

Address: _____ Contact No.: _____

Employment

☐ Unemployed

[] Employed – Employer Name _____ Position _____

☐ Self-employed – Nature of Work

[] Working Abroad – Employer Name _____ Position _____

Monthly Income: ☐ Below P2,000.00 ☐ P2,001 – P8,000.00 ☐ P8,001.00 – P15,000.00
 ☐ P15,001.00 – P25,000.00 ☐ Above P25,000.00

Mother's Name: _____

Citizenship: _____

Civil Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Others: _____

Address: _____ Contact No.: _____

Employment

☐ Unemployed

☐ Employed –Employer Name _____ Position _____

☐ Self-employed – Nature of Work _____

☐ Working Abroad – Employer Name _____ Position _____

Monthly Income: ☐ Below P2,000.00 ☐ P2,001 – P8,000.00 ☐ P8,001.00 – P15,000.00

☐ P15,001.00 – P25,000.00

☐ Above P25,000.00

Name of Siblings	Age	If Student, please indicate Grade/Year Level and school ; If Graduated, please indicate position and name of company		Monthly Income

Person to Contact in Case of Emergency:

Name: _____

Relation: _____

Address: _____

Tel No.: _____

UNDERTAKING

This is to certify that I, together with my parents, signify upon my admission to Liceo-De La Salle that:

1. I am eligible for Grade 11;

2. I will comply with all my admission requirements before the end the of enrollment date.

3. I clearly understand that Liceo-De La Salle will invalidate my enrollment if my admission requirements are not complied.

4. I agree that my initial payment of PhP 1,000.00 is non-refundable but deductible from my tuition fees.

5. I certify that the information written in this application is complete and accurate. Any falsification of any information on this form will automatically nullify my application and/or subject me to dismissal from the university.

6. I am willing to accept the Mission Statement of this Catholic University and the objectives of Liceo-De La Salle Senior High School and to abide all the rules and regulations of the University of St. La Salle contained in the student Handbook.

Signature over Student's Printed Name

Date signed

Signature over Parent's Printed Name