

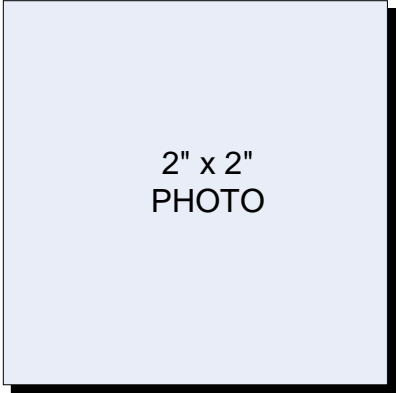


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Effective Date: July 4, 2017

**APPLICANT INFORMATION**

Completely fill-out and submit this form together with the other required documents to the Admissions Office. The submitted documents shall become the property of the admissions office and will not be returned to the applicant.



Applicant for:  Grade 7 Student  Transfer Student (Gr: \_\_\_\_\_)

\* LRN: \_\_\_\_\_

**PERSONAL DATA**

NAME \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

DATE OF BIRTH (mm/dd/yy) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

NATIONALITY \_\_\_\_\_ RELIGION \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

ETHNIC GROUP \_\_\_\_\_ MOTHER TONGUE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ LANDLINE # \_\_\_\_\_ MOBILE # \_\_\_\_\_

**FAMILY BACKGROUND**

FATHER'S NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ WORK # \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ WORK # \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_  
(If not living with parents)

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ LANDLINE # \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**SIBLINGS (from eldest to youngest)**

NAME	AGE	GRADE/YR	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATIONAL BACKGROUND**

	SCHOOL	ADDRESS	LEVEL	YEAR ATTENDED
PREP	_____	_____	_____	_____
GRADE SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____

I hereby attest to the accuracy of all the information supplied in this application.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Applicant/Student