



CENTRO ESCOLAR INTEGRATED SCHOOL

in partnership with

CENTRO ESCOLAR UNIVERSITY

APPLICATION FOR ADMISSION

Senior High School



1.5 x 1.5 inch
ID Picture (1 pc.)

CAMPUS APPLYING TO <i>(Please check one)</i> <input type="checkbox"/> MANILA <input type="checkbox"/> MAKATI <input type="checkbox"/> MALOLOS	Student No.:
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READ THE INSTRUCTIONS CAREFULLY	REQUIREMENTS FOR APPLICATION			
1. Fill out this form in PRINT (blue/black ink). 2. Submit fully accomplished form and bring the requirements.	FOR FILIPINO STUDENT APPLICANTS 1. 1.5 x 1.5 inches I.D. Picture (2 pcs.) 2. Certificate of Graduation/Completion from Junior High School	FOR FOREIGN STUDENT APPLICANTS (Resident Alien) 1. I-card 2. 1.5 x 1.5 inches I.D. Picture (2 pcs.) 3. Certificate of Graduation/Completion from Junior High School	(Non-resident Alien) 1. Passport size I.D. Picture (2 pcs.) 2. Police Clearance 3. Photocopy of Passport 4. Certificate of Graduation/Completion from Junior High School	
ENTRY STATUS	STRANDS APPLYING FOR IN ACADEMIC TRACK <i>(Please check one)</i>			
<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12	<input type="checkbox"/> Accountancy, Business, and Management (ABM)	<input type="checkbox"/> Humanities and Social Sciences (HUMSS)	<input type="checkbox"/> Science, Technology, Engineering, and Mathematics (STEM)	<input type="checkbox"/> General Academic (GA)

PERSONAL INFORMATION			
Last Name:	First Name:	Middle Name:	
Nickname:	Birthdate (MM/DD/YYYY):	Birthplace:	Religion:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Dual (Please specify):	For Foreign Applicants: <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien Country of Citizenship:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Civil Status:	Mobile Phone Number:	Email Address:	

ADDRESS		
Zip Code:	City Address:	Telephone Number:
Zip Code:	Provincial Address:	Telephone Number:

FAMILY INFORMATION		
FATHER		
Name:	Contact No.:	
Occupation:	Company:	Income (Monthly):
Highest Educational Attainment:	Year Graduated:	
MOTHER		
Name:	Contact No.:	
Occupation:	Company:	Income (Monthly):
Highest Educational Attainment:	Year Graduated:	
Parents are: <input type="checkbox"/> Living Together <input type="checkbox"/> Father/Mother Working Abroad <input type="checkbox"/> Separated <input type="checkbox"/> Father/Mother Deceased <input type="checkbox"/> Other Situation:		
Living Arrangement: <input type="checkbox"/> With Parents <input type="checkbox"/> With Stepfather/Stepmother <input type="checkbox"/> With Relatives <input type="checkbox"/> In a Boarding House/Dormitory/Apartment <input type="checkbox"/> With Guardian		
GUARDIAN		
Name:	Contact No.:	
Occupation:	Company:	Income (Monthly):
Highest Educational Attainment:	Year Graduated:	

ACADEMIC INFORMATION		
Grades 1-6		
School Name:	Year Graduated:	
Address:	Region:	Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private
Grades 7-10		
School Name:	Year Graduated:	
Address:	Region:	Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private
Grades 11-12		
School Name:	Year Graduated:	
Address:	Region:	Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private
Honor/Award:	General Average:	

SPECIAL TALENTS/HOBBIES

SELF-ASSESSED HEALTH STATUS
Common Health Complaints:

I hereby certify that the above information given is true and correct.

Student's Signature and Date