



Integrated School Application Form

SCHOOL YEAR: 20____ - ____

LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
MIDDLE NAME	NICK NAME
<input type="text"/>	<input type="text"/>

staple (3) 2" x 2" pictures here

LEVEL APPLIED FOR : _____ (Grade / Year Level)

PERSONAL INFORMATION

DATE OF BIRTH			PLACE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>month</small>	<small>day</small>	<small>year</small>		
AGE	GENDER	NATIONALITY	CITIZENSHIP	RELIGION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO NOT FILL OUT FOR DLSU-CANLUBANG USE ONLY	
DOCUMENTS SUBMITTED:	
<input type="checkbox"/> Photocopy of Birth Certificate*	<input type="checkbox"/> Three recent 2"x2" photo
<input type="checkbox"/> Photocopy of Baptismal Certificate*	<input type="checkbox"/> ACR (for Non-Filipino Citizens)
<input type="checkbox"/> Photocopy of Report Card of past 2 school years	<input type="checkbox"/> Two letters of Recommendation
<input type="checkbox"/> SSP for foreign applicants	<input type="checkbox"/> Guidance Transition Certificate
<input type="checkbox"/> Photocopy of passport for foreign applicants	<i>*Note: Please bring the original copies of the above documents for verification</i>

For Non-Filipino Citizens:

ACR NO.: _____ WHEN ISSUED: _____ WHERE ISSUED: _____

STATUS OF ADMISSION (PLEASE CHECK)

- | | | |
|---|--|---|
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Pre-Arranged Employee or Dependent | <input type="checkbox"/> Other or Special Cases |
| <input type="checkbox"/> Temporary Resident | <input type="checkbox"/> Member of Diplomatic Corps or Dependent | |
| <input type="checkbox"/> Student Visa | <input type="checkbox"/> ASA Student | |

COMPLETE HOME ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No.	Street Name	Village / Subdivision	Barangay	Town	City	Zip Code

COMPLETE PROVINCIAL ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No.	Street Name	Village / Subdivision	Barangay	Town	City

TELEPHONE NUMBER	<input type="text"/>	MOBILE PHONE NUMBER	<input type="text"/>
	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>

EDUCATIONAL HISTORY

PRE-SCHOOL	NAME AND ADDRESS OF SCHOOL	SCHOOL YEAR ATTENDED
Nursery		
Kinder		
Preparatory		
GRADE SCHOOL	NAME AND ADDRESS OF SCHOOL	
Grade (s): 1		
2		
3		
4		
5		
6		
7		
HIGH SCHOOL	NAME AND ADDRESS OF SCHOOL	
Year I		
II		
III		

1. Has the child been placed under academic probation or given any sanction for poor academics?
(If yes, please provide details) _____

2. Has the child been placed under disciplinary probation or given any sanction for misbehavior?
(If yes, please provide details) _____

FAMILY INFORMATION

NAME	FATHER	MOTHER
NATIONALITY		
HIGHEST EDUCATIONAL ATTAINMENT		
NATURE OF BUSINESS		
NAME OF COMPANY		
COMPANY ADDRESS		
POSITION		
OFFICE NO/S.		
FAX NO.		
MOBILE NO.		
EMAIL ADDRESS		
NAME OF SIBLINGS		
NAME:	GR./YR. LEVEL /OCCUPATION	SCHOOL /EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____
IS FATHER OR MOTHER AN ALUMNUS/ALUMNA OF ANY DE LA SALLE SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHICH LA SALLE SCHOOL ? _____ YEAR GRADUATED _____		

CHILD HEALTH INFORMATION

1. Has your child ever been hospitalized? Yes () No ()

2. If so for what? _____

3. Has the child been diagnosed with any of the following ? (Please check and specify)

() Vision Impairment Please specify _____

() Speech / Language Delay Please specify _____

() Learning Disability Please specify _____

() Behavioral Disorder Please specify _____

4. Do you have other concerns with your child's health? (Please explain) _____

In emergency, if unable to contact parent, contact:

Most Accessible Relative	PHONE
Child's Pediatrician	PHONE
Address	

OTHER INFORMATION

How did you find out about the school?

Referral Streamers Print Ads Website Others _____

I DECLARE THAT THE INFORMATION IN THIS APPLICATION FORM IS TRUE AND CORRECT

Name & Signature of person filling in this form

Relationship to applicant _____

Date Filed _____