



### APPLICATION FORM

**PLEASE PRINT**

Applying for : \_\_\_\_\_  
(Nagaaply para sa Baitang/ Antas)

Academic Year : \_\_\_\_\_  
(Taong Panuruan)

New (Bago)

Returnee (Nagbabalik): \_\_\_\_\_  
(PLEASE SPECIFY LAST ACADEMIC YEAR ATTENDED IN DLSZ)

*All submitted documents in compliance with the entrance examination requirements shall become property of DLSZ, and are not to be returned to the applicant.*

**REQUIREMENTS:**

- |  |  |
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| <ul style="list-style-type: none"> <li>_____ Original Birth Certificate issued by the Philippine Statistics Authority;</li> <li>_____ Baptismal Certificate (for Catholics)</li> <li>_____ Report Card</li> <li>_____ Two (2) recent 1x1 photos</li> <li>_____ Barangay Clearance (named after the applicant)</li> <li>_____ LRN – Learner Reference Number</li> <li>_____ Recommendation Form (Class Adviser and Guidance Counselor/Principal)</li> </ul> | <ul style="list-style-type: none"> <li>_____ Parents/guardians proof of annual income:               <ul style="list-style-type: none"> <li>• ITR/ Certificate of Non-Filing of Income Tax</li> <li>• OFW Employment Contract</li> <li>• DSWD Social Case Study Report</li> </ul> </li> <li>_____ Latest Meralco bill and Water bill</li> <li>_____ Sketch of the location of residence</li> </ul> |
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**I. PERSONAL DATA**

LAST NAME	FIRST NAME	MIDDLE NAME	EXT. ( Jr. , Sr.)
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH (MUNICIPALITY/PROVINCE)	GENDER:	AGE:
CONTACT NUMBER:	E-MAIL ADDRESS:	NATIONALITY:	ETHNO-LINGUISTIC GROUP: <input type="checkbox"/> Ilocano <input type="checkbox"/> Tagalog <input type="checkbox"/> Cebuano    Others:
PERMANENT ADDRESS:	LOT/BLOCK/HOUSE/BLDG. NO.	STREET	SUBDIVISION/VILLAGE
DISTRICT	CITY/ MUNICIPALITY	PROVINCE	REGION
			BARANGAY
			ZIP CODE

**II. FAMILY BACKGROUND**

**A.**

	Father	Mother (Maiden Name)
Name (Pangalan)		
Date of Birth (Kapanganakan)		
Nationality (Nasyonalidad)		
Civil Status (Katayuang Sibil)	<input type="checkbox"/> Single (Walang asawa) <input type="checkbox"/> Married in Church (Ikinasal sa Simbahan) <input type="checkbox"/> Married Legally (Ikinasal sa Huwes) <input type="checkbox"/> Separated (Hiwalay sa Asawa) <input type="checkbox"/> Widowed (Balo)	
Religion (Relihiyon)		
Address (Tirahan)		
Contact No. (Numero ng telepono)		
Highest Educational Attainment (Pinakamataas na Edukasyong Natapos )		
Occupation (Trabaho)		
Annual Income (Economic Status) (Kita sa buong taon)	___60,000&below    ___60,000-120,000    ___120,001-180,000 ___180,001-240,000    ___240,001-350,000    ___350,001&above	___60,000&below    ___60,000-120,000    ___120,001-180,000 ___180,001-240,000    ___240,001-350,000    ___350,001&above
Company Name (Pangalan at Lugar ng & Address (Pinagtatrabahuan)		

No.	Name of Siblings (Pangalan ng mga Kapatid)	Age (Edad)	School

**B. GUARDIAN'S INFORMATION (If applicant is not living with parents)**

Impormasyon ng Tagapag-alaga (Kung ang aplikante ay hindi naninirahan sa mga magulang)

Name (Pangalan): \_\_\_\_\_

Relationship to applicant (Kaugnayan sa aplikante): \_\_\_\_\_

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
(Tirahan) (Numero ng telepono)

**III. PREVIOUS SCHOOLING** (*Mga Nakaraang Paaralan*)

Level	Name	Address	School Year
Elementary			
High School			

**IV. EMPLOYMENT BACKGROUND** (*If applicant is currently employed*) (*Kung ang aplikante ay kasalukuyang nagtatrabaho*)Nature of Employment / Position (*Kalikasan ng Employment / Posisyon*): \_\_\_\_\_

Company Name &amp; Address : \_\_\_\_\_

(*Pangalan & Address ng Kumpanya*) \_\_\_\_\_Employer's Name (*Pangalan ng Employer*): \_\_\_\_\_Monthly Salary (*Buwanang suweldo*): \_\_\_\_\_**V. OTHER INFORMATION**

<b>Q1.</b> FOR TRANSFEREES: Kindly state the reason/s why the applicant is transferring to De La Salle Santiago Zobel. ( <i>Maaring banggitin ang dahilan ng aplikante kung bakit lilipat sa De La Salle Santiago Zobel</i> )
<b>Q2.</b> Was the applicant ever involved in a disciplinary case or misdemeanor? ( <i>Ang aplikante ba ay napabilang sa kasong disiplinaryo o anumang uri ng paglabag ?</i> ) _____ If Yes, please state the following ( <i>Kung oo, banggitin sa ibaba</i> ): Type of offense ( <i>Uri ng paglabag</i> ) _____ Date ( <i>Kailan</i> ) _____ Sanction given ( <i>Kaukulang parusa</i> ) _____
<b>Q3.</b> Has the applicant been diagnosed for any learning difficulty? If Yes, please state the nature of his/her condition. ( <i>Ang aplikante ba ay may anumang kahirapan kaugnay sa pag-aaral? Kung mayroon, pakibanggit ang kanyang kalagayan</i> )
<b>Q4.</b> Has the applicant undergone any form of therapy? If Yes, please state the reason, name and contact number of the therapy center your child has gone to/is going to. ( <i>Ang aplikante ba ay sumasailalim sa anumang pisikal o mental na rehabilitasyon? Kung oo, banggitin ang dahilan, pangalan at kontak ng lugar na ito.</i> )
<b>Q5.</b> Are there any significant medical/behavioural findings about the applicant that the school should know? If Yes, please describe his/her condition. ( <i>Mayroon bang mabigat na kalagayang medikal/pag-uugali ang aplikante na dapapt malaman ng paaralan? Kung oo, mangyaring ilarawan ang kondisyon nito.</i> )
<b>Q6.</b> Any allergies or peculiar disease? ( <i>Mayroon bang allergies o natatangaing karamdaman ang aplikante</i> )
<b>Q7.</b> Has the applicant ever been forced to stop studying for four (4) or more weeks at a time because of poor health? If so, give details and dates : ( <i>May pangyayari ba sa aplikante na kailangang huminto ng apat na linggo o higit pa dahil sa mahinang kalusugan, Kung mayroon, pakibanggit ang detalye at kailan:</i> ) _____
<b>Q8.</b> (Please Check) Hearing :            Excellent ( )      Good ( )      Fair ( )      Poor ( ) Eyesight:            Excellent ( )      Good ( )      Fair ( )      Poor ( ) General Health:    Excellent ( )      Good ( )      Fair ( )      Poor ( )
<b>Q9.</b> Is parent/sibling an alumnus/alumna of any other De La Salle School? Please specify school and year graduated. ( <i>Ang magulang ba o kapatid ay nakatapos sa anumang paaralan ng La Salle? Pakibanggit ang paaralan at taong ng pagtatapos</i> )

**IMPORTANT: Read this portion very carefully.**

We hereby apply for admission to DLSZ. If admitted, we agree to abide by its rules and regulations. We certify that the foregoing information is true and complete to the best of our knowledge and we fully realize that omission and falsification of information will be considered sufficient reason for rejection of this application. Upon admission by the School, we agree to recognize the sole prerogatives of the School to promulgate such reasonable rules and regulations it deems necessary for effective implementation by the School of its philosophy of education and that should we disagree, we will voluntarily withdraw our enrolment in the School and hold it free from liabilities. (*Kami ay narito para sa admisyon ng DLSZ. Kung matatanggap man, kami ay sumasangayon na susundin ang mga panuntunan at regulasyon ng paaralan. Aming pinatutunayan na ang lahat ng binanggit na impormasyon dito ay tama at kumpleto sa pinakamainam naming kaalaman at lubos na naunawaan na anumang kakulangan at pagsipikasyon ng mga impormasyon ay sapat na kadahilanan upang ipawalang-bisa ang aplikasyong ito. Sakaling matanggap, kami ay sumasangayon na kilalanin ang kabuuang karapatan ng paaralan at ipatupad ang mga nabanggit na panuntunan at regulasyon kung kinakailangan para sa epektibong implementasyon ng edukasyong pampilosopiya ng paaralan, at kung sakaling kami ay hindi tatalima, boluntaryo naming isusuko ang aming pagpasok at malaya ang paaralan sa anumang legal na responsibilidad.*)

\_\_\_\_\_  
*Signature of Parent/Guardian over Printed Name*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature of Student-Applicant over Printed Name*\_\_\_\_\_  
*Date*