



APPLICATION FORM

PLEASE PRINT

Level Applying for : _____
(Nag-aaply 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 application requirements shall become property of DLSZ- BRafeNHS and are not to be returned to the applicant.

REQUIREMENTS:

- _____ Original Birth Certificate issued by the Philippine Statistics Authority;
- _____ Baptismal Certificate (for Catholics)
- _____ Report Card
- _____ Two (2) recent 1x1 photos
- _____ Barangay Clearance (named after the applicant)
- _____ LRN – Learner Reference Number
- _____ Recommendation Form (Class Adviser or Guidance Counselor)

- _____ Parents/guardians proof of annual income:
 - ITR/ Certificate of Non-Filing of Income Tax
 - OFW Employment Contract
 - DSWD Social Case Study Report
- _____ Latest Meralco bill and Water bill
- _____ Sketch of the location of residence

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 BARANGAY
DISTRICT	CITY/ MUNICIPALITY	PROVINCE	REGION ZIP CODE

II. FAMILY BACKGROUND

A.

	Father	Mother (Maiden Name)
Name (Pangalan)		
Date of Birth (Petsa ng Kapanganakan)		
Nationality (Nasyonalidad)		
Civil Status (Katayuang Sibil)	<input type="checkbox"/> Single <input type="checkbox"/> Married in Church <input type="checkbox"/> Married Legally <input type="checkbox"/> Separated <input type="checkbox"/> Widowed (Walang asawa) (Ikinasal sa Simbahan) (Ikinasal sa Huwes) (Hiwalay sa Asawa) (Balo)	
Religion (Relihiyon)		
Address (Tirahan)		
Contact Number (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. OTHER INFORMATION

Q1. FOR TRANSFEREES: Kindly state the reason/s why the applicant is transferring to DLSZ-BRafeNHS. (*Maaring banggitin ang dahilan ng aplikante sa paglipat sa DLSZ-BRafeNHS.*)

Q2. Was the applicant ever involved in a disciplinary case or misdemeanor? (*Ang aplikante ba ay napabilang sa kasong disiplinaryo o anumang uri ng paglabag?*) _____
 If yes, please state the following (*Kung oo, banggitin ang sumusunod*):
 Type of offense (*Uri ng paglabag*) _____
 Date (*Kailan*) _____
 Sanction given (*Kaukulang parusa*) _____

Q3. Has the applicant been diagnosed for any learning difficulty, developmental disability/mental health issues? If yes, please state nature of his/her condition.
(Ang aplikante ba ay may learning difficulty, developmental disability/mental health issues? Kung mayroon, pakibanggit ang kanyang kalagayan.)

Q4. 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. (*Ang aplikante ba ay sumailalim sa anumang uri ng gamutan o therapy? Kung oo, banggitin ang dahilan, pangalan at numero ng telepono ng center na tumulong sa kanya.*)

Q5. Are there any significant medical/behavioural findings about the applicant that the school should know? If yes, please describe his/her condition. (*Mayroon bang kalagayang medikal/pag-uugali ang aplikante na dapapt malaman ng paaralan? Kung oo, mangyaring ilarawan ang kondisyon nito.*)

Q6. Any allergies or peculiar disease? If yes, please give details. (*Mayroon bang allergies o kakaibang karamdaman ang aplikante? Kung oo, mangyaring magbigay ng detalye.*)

Q7. 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. (*Kinailangan bang huminto ng apat na linggo o higit pa sa pagpasok sa paaralan ang aplikante dahil sa mahinang kalusugan? Kung ito ay nangyari, ibigay ang detalye at petsa.*)

Q8. (Please Check)

Hearing (<i>Pandinig</i>):	Excellent ()	Good ()	Fair ()	Poor ()
Eyesight (<i>Paningin</i>):	Excellent ()	Good ()	Fair ()	Poor ()
General Health (<i>Pangkalahatang Kalusugan</i>):	Excellent ()	Good ()	Fair ()	Poor ()

Q9. Is parent/sibling an alumnus/alumna of any De La Salle School? Please specify school and year graduated. (*Ang magulang ba o kapatid ay nagtapos sa anumang paaralan ng La Salle? Pakibanggit ang paaralan at taong ng pagtatapos.*)

IMPORTANT: Read this portion very carefully.

We hereby apply for admission to DLSZ-BRafeNHS. 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. (*Pinatutunayan nito ang aming interes na mag-aral sa DLSZ-BRafeNHS. Kung matanggap, kami ay sumasang-ayon na sundin ang mga panuntunan at regulasyon ng paaralan. Aming pinatutunayan na ang lahat ng mga impormasyon ibinahagi dito ay tama at kumpleto sa pinakamainam naming kaalaman at lubos naming naunawaan na anumang pagkakamali sa mga impormasyon na may layong itago ang katotohanan ay sapat na kadahilanan upang ipawalang-bisa ang aplikasyong ito. Sa oras na matanggap sa paaralan, kami ay sumasang-ayon na kilalanin ang kabuuang karapatan ng paaralan na ipatupad ang mga panuntunan at regulasyong kinakailangan para sa epektibong implementasyon ng pilosopiya ng paaralan, at kung kami ay hindi sumasang-ayon kusang loob naming babawiin ang pagpapatala sa paaralan at malaya ang paaralan sa anumang legal na pananagutan.*)

 Signature of Parent/Guardian over Printed Name

 Date

 Signature of Student-Applicant over Printed Name

 Date

DATA PRIVACY CLAUSE

All data included in this Application Form shall be treated as confidential, processed in accordance with R.A. No. 10173 (Data Privacy Act of 2012) and used only in relation to the application of the student-applicant for admission to De La Salle Zobel - Br. Rafael Donato FSC Night High School (DLSZ - BRafeNHS).