

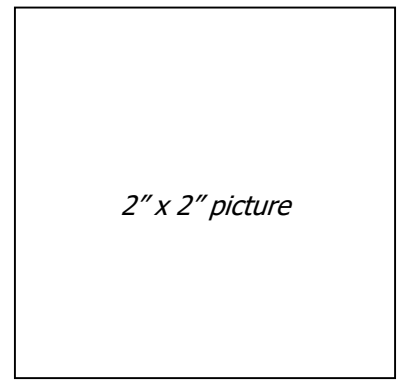


**Emilio
Aguinaldo
College**

**virtue
excellence
service**

MANILA CAMPUS
1113-1117 San Marcelino Street
Paco, Manila, Philippines
Telephone: (632) 521-2710 loc. 6535/5371
Telefax: (632) 521-2710 loc. 5371
Email: admission@eac.edu.ph
Website: www.eac.edu.ph

CAVITE CAMPUS
Congressional East Avenue Buro Main
City of Dasmariñas, Cavite, Philippines
Telephone: (046) 416-4341 to 42 loc. 106
Email: admission-cavite@eac.edu.ph
Website: www.eac.edu.ph/cavite



SHS APPLICATION FORM

Application is made for:

SHS Track/Strand: _____ **Campus:** EAC Manila EAC Cavite
Term: 1st Sem. 2nd Sem. Summer **Academic Year:** 20____ to 20____
Status: New Student Transferee Foreign Student **Level:** Grade 11 Grade 12

Learner's Reference No. (LRN):	App. No. (c/o ASR Office):
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I. PERSONAL INFORMATION

Last/Family Name:	First Name:	Middle Name:
Gender:	Religion:	Nationality:
Date of Birth:	Place of Birth:	Age:
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced Maiden Name (If married female): _____		
Telephone No:	Mobile No:	Email:

II. ALIEN STATUS INFORMATION (For Foreign student only)

Visa Status:	Date of Authorized Stay:	
Passport No:	Place of Issue:	Exp. Date:
ACR No:	Date of Issue:	Exp. Date:
CRT No:	Date of Issue:	Exp. Date:

III. RESIDENCE AND CONTACT INFORMATION

Home Address:

Name of Contact Person:	Relation:	
Apartment Name/ House No/ Street/ Barangay:		
City/Municipality:	Province/State:	Country:
Zip code:	Telephone No:	Email:

Current Contact Address: *Check this box if current contact address is the same with home address.*

Name of Contact Person:	Relation:	
Apartment Name/ House No/ Street/ Barangay:		
City/Municipality:	Province/State:	Country:
Zip code:	Telephone No:	Email:

Emergency Contact Address: *Check this box if emergency contact address is the same with home address.*

Name of Contact Person:	Relation:	
Apartment Name/ House No/ Street/ Barangay:		
City/Municipality:	Province/State:	Country:
Zip code:	Telephone No:	Email:

IV. FAMILY INFORMATION

FATHER's Name:	Age:	Occupation:
Home Address:		
Tel. No:	Mobile No:	Email:
Company Name & Address:		Office Tel. No:

Highest Educational Attainment:		
School/College(s) Attended:		
MOTHER's Name:	Age:	Occupation:
Home Address:		
Tel. No:	Mobile No:	Email:
Company Name & Address:		Office Tel. No:
Highest Educational Attainment:		
School/College(s) Attended:		

Fill this out if you're staying only with your guardian and not with your parents

GUARDIAN's Name:	Age:	Occupation:
Home Address:		
Tel. No:	Mobile No:	Email:
Company Name & Address:		Office Tel. No:
Highest Educational Attainment:		
School/College(s) Attended:		

Brothers'/Sisters' Name	Age	Course/Occupation	School/Company

V. EDUCATIONAL BACKGROUND

Name of School	Year Graduated
Elementary:	
Junior High School:	
Senior High School (For Transferee only):	Year of Last Attendance:

VI. PERSONAL HEALTH HISTORY

When was your last physical/medical check-up? _____ Gov't MD Private MD

Do you have a present or past history of: (Please check all that apply.)

<input type="checkbox"/> Pulmonary Tuberculosis (TB)	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Others (Please specify): _____
<input type="checkbox"/> Hepatitis A or B	<input type="checkbox"/> Vision Problems	_____
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Hearing Problems	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Speech Problems	<input type="checkbox"/> No medical problems

When was your first day of last menstrual period (For female applicant)? _____

Do you have behavioral condition that may affect your study at EAC?

Yes (Please specify): _____

No

VII. CERTIFICATION

I hereby certify that the aforementioned information is true and correct. Any falsification or withholding of information on this form shall serve as ground to nullify my application for admission and/or dismiss/expel me from the Emilio Aguinaldo College.

Signature over Printed Name of Applicant

Date