



# EMILIO AGUINALDO COLLEGE

1113-1117 San Marcelino St., Paco, Manila 1007, Philippines www.eac.edu.ph (02) 8521-2710

Virtue ♦ Excellence ♦ Service

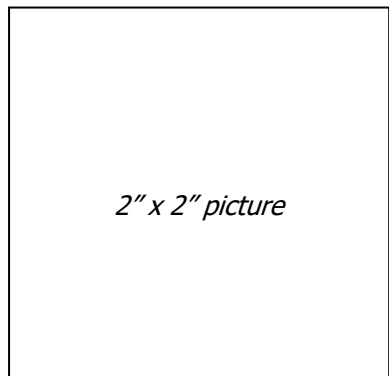


## High School Application Form

Please fill out/tick appropriate boxes for information required. Indicate "N.A." if information is not applicable.

**Application for:**

- JHS Level:**    Grade 7    Grade 8    Grade 9    Grade 10
- SHS Level:**    Grade 11    Grade 12
- [ ] Academic Track:
- [ ] ABM (Accounting, Business and Management)
- [ ] HumSS (Humanities and Social Sciences)
- [ ] STEM (Science, Tech., Engineering and Math)
- [ ] Technical-Vocational-Livelihood (TVL) Track:
- [ ] Programming
- [ ] Food and Beverage Services NC II/ Housekeeping NC II
- [ ] Housekeeping NC II
- [ ] Sports Track



**School Year:** \_\_\_\_\_

**I. PERSONAL INFORMATION**

**LRN:** \_\_\_\_\_

Last Name:	First Name:	Middle Name:	
Gender:	Religion:	Nationality:	
Date of Birth:	Place of Birth:	Age:	Civil Status:
House/Unit No., Street, Barangay:			
City/Municipality:	Province:	Zip code:	
Landline No:	Mobile No:	Email:	

**II. EDUCATIONAL BACKGROUND**

School Name and Address	Year graduated/last attended
Elementary:	
Junior High School:	
Senior High School:	

**III. PARENTS' INFORMATION**

	Father	Mother
Parent's Name:		
Home Address:		
Occupation:		
Company Name and Address		
Contact No.		

*Fill this out if you are staying only with your guardian and not with your parents.*

Guardian's Name:	Age:	Occupation:
Home Address:		
Tel. No:	Mobile No:	Email:

**IV. Privacy Policy and Declarations (for parent/guardian of the applicant)**

By ticking/checking the box below for "I agree" and submitting this form to the EAC Admissions Office, I voluntarily agree to the Emilio Aguinaldo College (EAC) Privacy Policy (<https://eac.edu.ph/privacy-policy/>) and declare that:

1. I am of legal age;
2. I am the parent/ guardian of the applicant;
3. All the information I have provided in this form are true and correct;
4. I understand that withholding of information or giving of false information may nullify the application for admission of my child or may jeopardize his/her continued stay after admission has been granted to him/her;
5. I am giving my consent to the collection, use, processing, recording, storage, blocking, destruction, and disclosure of the information I have provided for legitimate purposes in order to administer and evaluate the eligibility of my child's application for admission at EAC.

**I agree**

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date Accomplished: \_\_\_\_\_

