



EMILIO AGUINALDO COLLEGE

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

Virtue ♦ Excellence ♦ Service

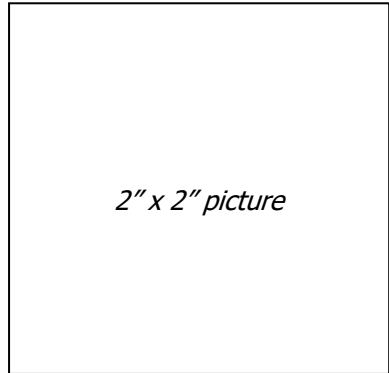


High School Application Form

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: _____

