Г

DE LA SALLE UNIVERSITY INTEGRATED SCHOOL AT THE DLSU SCIENCE AND TECHNOLOGY COMPLEX						
LEANDRO V. LOCSIN CAMPUS				ALLEUR		
APPLICATION FORM				So WORES COLUMN		
ACADEMIC YEAR					SCIENCE & TECHNOLOGY COMPLEX	
LAST NAME	FIRST NAME					
MIDDLE NAME	NICKNAME			PASSEC	E (3)	
				PICTURE	S HERE	
GRADE LEVEL APPLIED FOR:						
1 ST CHOICE OF STRAND: STEM	ABM HUMSS			T FILL OUT		
PERSONAL INFORMATION		Developm	ent fund fee receipt	IS USE ONLY.	rm	
DATE OF BIRTH PLACE OF BIRTH		Photocopy of past 2 s Photocopy for current Original fir signed by Photocopy	(OR#) NSO birth certificate Photocopy of report card 3 pcs. Passport size photos of past 2 school years Photocopy of baptismal certificate Photocopy of report card 2 Letters of recommendation for current year Student individual inventory reco Original final report card Guidance transition certificate signed by the Principal SSP for foreign applicants Photocopy of passport ACR (Non-Filipino citizens) for foreign applicants Statement		ize photos tismal certificate nmendation l inventory record on certificate pplicants	
COMPLETE HOME ADDRESS						
No. Street Name Villa	ge / Subdivision	Barangay	Town	City	Zip Code	
STUDENT'S MOBILE NO.		STUDENT'S E-MAIL	LADDRESS _			
FOR NON-FILIPINO CITIZENS:						
I-CARD NO.: DATE ISSUED: PLAC			PLACE	E ISSUED:		
REMARKS						

EDUCATIONAL HISTORY						
PRE-SCHOOL	NAME AND ADDRESS OF SCHOOL	ACADEMIC YEAR ATTENDED				
Nursery						
Kinder						
GRADE SCHOOL						
Grade 1						
2						
3						
4						
5						
6						
JUNIOR HIGH SCHOOL						
Grade 7						
8						
9						
10						
SENIOR HIGH SCHOOL						
Grade 11						

FAMILY INFORMATION

	FATHER	MOTHER			
Name (Last Name, First Name, Middle Name)					
Nationality & Religion					
Home Address					
Highest Educational Attainment					
Last School Attended					
Company Name					
Company Address					
Position					
Telephone Number (Work)					
Telephone Number (Home)					
Mobile Number					
E-mail Address					
NAME OF SIBLINGS					
NAME	GR./YR. LEVEL/DCCUPATION	SCHOOL / EMPLOYER			
Is the child's father or mother an alumnus/alumna of any De La Salle school?					
If yes, which La Salle school?					
	Year Graduated				

CHILD ACADEMIC AND HEALTH INFORMATION

1. Has the child been placed under academic probation or given any sanction for poor academics? (If yes, please provide details)

2. Has the child been placed under disciplinary probation or given any sanction for misbehavior? (If yes, please provide details)

3. Has the child been diagnosed with any of the following? (Please check and specify)

Please specify

Vision Impairment

- □ Speech / Language Delay
- Learning Disability

Behavioral Disorder

Please specify _____ Please specify ____

Please specify

4. Are there other concerns with the child's health? (Please provide details)

FINANCIAL DETAILS

1. Who will be responsible for the payment of tuition and fees?

Parents
 Educational plan, please specify
 Other family members (grandparents, uncle, aunt, brothers, sisters, etc.)
 Parent's company benefit
 Scholarship

2. Please check your gross annual family income

□ P1M and above □ P699,000-P400,000 □ P99,000 and below □ P999,000-P700,000 □ P399,000-P100,000

IN CASE OF AN EMERGENCY, IF UNABLE TO CONTACT PARENT, CONTACT:

Legal Guardian				Phon	Phone Number (Home)		
Relationship to Applicant			Mobi	Mobile Number			
	Home Address			E-ma	ail Address		
OTHER INFORMATION							
	How did you find out about the school?						
	Referral By whom?	Streamers 🗖	Print Ads	Website	Others 🗆		
1.1	I DECLARE THAT THE INCORMATION PROVIDED HEREIN ARE TRUE AND CORRECT						

DECLARE THAT THE INFORMATION PROVIDED HEREIN ARE TRUE AND CORRECT.

Signature over printed name