



CONSOLIDATED GENERAL APPLICATION FORM FOR STUDENT VISA AND SPECIAL STUDY PERMIT

Attach your 2x2 colored photograph with white background using permanent glue in the photograph box. The photograph must be taken within the last three (3) months from the date of application. A scanned photograph is not allowed. A photograph of the applicant wearing eyewear (i.e. sunglasses, colored contact lenses, etc.) or headwear is not acceptable.

I. APPLICATION INFORMATION

Present Immigration Status, Nature of Application, Type of Application, Course/Degree, Number of Months/Year Applied for, School Year, Name of School Representative, School Representative Identification Number

II. APPLICANT'S TRAVEL INFORMATION

Passport Number, Expiry Date/Valid Until, Place of Issuance, Date of Latest Arrival, Flight Number, Last Day of Authorized Stay

III. APPLICANT'S PERSONAL INFORMATION

Last Name, First/Given Name, Middle Name, Other Name(s)/Alias(es), Date of Birth, Gender, Country of Birth, Citizenship/Nationality, Civil Status, Height, Weight, Contact Number(s) in the Philippines, Residential Address in the Philippines, Residential Address Abroad, Name of Spouse, Other Name(s)/Alias(es), Name(s) of Child(ren) and Date(s) of Birth

Note: If the applicant has more than two (2) children, use BI Form 2014-00-005 Rev 0.

APPLICANT'S ACR I-CARD CLAIM STUB

Applicant's Name, ACR Number, Visa Type

[IF THE ACR I-CARD IS CLAIMED BY AN AUTHORIZED REPRESENTATIVE, PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS.]



CONSOLIDATED GENERAL APPLICATION FORM FOR STUDENT VISA AND SPECIAL STUDY PERMIT

IV. SCHOOL'S INFORMATION

Name of School

Grid for Name of School

School Accreditation Number

Grid for School Accreditation Number

Registered Address of School

Room No., Floor No., Building, Street

Grid for Room No., Floor No., Building, Street

Barangay, Municipality/City

Grid for Barangay, Municipality/City

Province, Zip Code

Grid for Province, Zip Code

Contact Number(s) in the Philippines

Landline grid

Mobile grid

V. GUARDIAN'S INFORMATION

Name of Guardian [Last Name, First/Given Name, Middle Name]

Grid for Name of Guardian

Relationship with the Applicant

Grid for Relationship with the Applicant

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

Grid for House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Grid for Barangay, Municipality/City

Province, Zip Code

Grid for Province, Zip Code

Contact Number(s) in the Philippines

Landline grid

Mobile grid

VI. ACR I-Card

Alien Certificate of Registration (ACR) Number

Grid for ACR Number

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]

Grid for Date of Issuance

Expiry Date/Valid Until [DD-MMM-YYYY e.g. 01 JAN 1990]

Grid for Expiry Date/Valid Until

Certificate of Residence Number (CRN)

Grid for Certificate of Residence Number

DO NOT FILL OUT THIS PORTION

Application Number

Grid for Application Number

Received/Recommended by: _____

Reviewed by: _____

Approved by: _____

CERTIFICATION

I/We certify that: (1) All the information in the application is truthful, complete and correct; (2) All documents are authentic and were legally obtained from the corresponding government agencies or private entities; (3) I/We understand that my/our application may be summarily denied if: (a) Any statement is false; (b) Any document submitted is falsified; or (c) I/We fail to comply with all the BI requirements without prejudice to whatever action the BI may take; and (4) I/We have not filed this or any similar application before any office of the Bureau.

Date [DD-MMM-YYYY e.g. 01 JAN 1990]

Petitioner's Signature over Printed Name

Applicant's Signature over Printed Name

Form for Name of Representative, Accredited Travel Agency/Law Office, BI Accreditation No., Contact No., Residential /Office Address, Signature

ACR I-CARD WILL ONLY BE RELEASED UPON COMPLIANCE/SUBMISSION OF THE FF:

- 1. Photocopy of passport bio-page of the ACR I-Card holder
2. Valid ID of either parent claiming the ACR I-Card, if applicant is a minor
3. Photocopy of the BI-Accreditation ID card, if claimed by a travel agent or law firm
4. Special Power of Attorney (SPA), if claimed by an authorized representative other than the parent or BI accredited entity

ACR I-Card Holder: Signature over PRINTED NAME Claimant: Signature

[Please call (+632) 525-7557 to check the status of your application]