



De La Salle University

INTEGRATED SCHOOL

APPLICATION FORM

ACADEMIC YEAR: _____

LAST NAME

FIRST NAME

MIDDLE NAME

NICKNAME

Staple (3)
2X2 SIZE
pictures here

GRADE LEVEL APPLIED FOR: _____

PERSONAL INFORMATION:

DATE OF BIRTH

AGE

PLACE OF BIRTH

GENDER

NATIONALITY

CITIZENSHIP

RELIGION

month

day

year

COMPLETE HOME ADDRESS

No.

Street Name

Village / Subdivision

Barangay

Town

City

Zip Code

FOR NON-FILIPINO CITIZENS:

I-CARD NO.: _____ DATE ISSUED: _____ PLACE ISSUED: _____

REMARKS

FAMILY INFORMATION

	FATHER	MOTHER
Name (Last Name, First Name, Middle Name)		
Nationality & Religion		
Home Address		
Home Number		
Mobile Number		
Email Address		
Highest Educational Attainment		
Last School Attended		
Company Name		
Position		
Office Address		
Office Number		

NAME OF SIBLINGS		
NAME	GR./YR. LEVEL / OCCUPATION	SCHOOL / EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the child's father or mother an alumnus/alumna of any De La Salle school? YES NO

If yes, which La Salle school? _____

Year Graduated _____

CHILD ACADEMIC AND HEALTH INFORMATION

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		

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)*
 - Vision Impairment Please specify _____
 - Speech / Language Delay Please specify _____
 - Learning Disability Please specify _____
 - Behavioral Disorder 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
 - Other family members *(grandparents, uncle, aunt, brothers, sisters, etc.)*
 - Educational plan, please specify _____
 - Parent's company benefit
 - Scholarship
2. Please check your gross annual family income
 - P1M and above
 - P999,000-P700,000
 - P699,000-P400,000
 - P399,000-P100,000
 - P99,000 and below

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

Relative/Guardian	Home Address
Relationship to Applicant	Home Phone Number
Mobile Number	E-mail Address

OTHER INFORMATION

How did you find out about the school?

Referral Streamers Print Ads Website Others _____
 By whom? _____

I certify that the information provided herein are true and correct, and do hereby give consent to DLSU-IS to collect and process all our personal data for purposes of admission/enrollment to said school/institution.

Signature over printed name

Relationship to applicant _____

Date filed _____