APPLICATION FORM FOR FRESHMEN

IMPORTANT: Fill out this form with required information. Do not leave any item unanswered. Write “NA” if not applicable. THIS APPLICATION FORM SHOULD BE COMPLETED ONLY BY THE APPLICANT, OTHERWISE THE APPLICATION WILL BE RENDERED INVALID.

Personal Information

Name: ________________________________________________________________

Family Name: ___________________________ First Name: ___________________________

Middle Name: ___________________________

Age: _______ Sex: (_) Male (_) Female Date of Birth: ___________________________

Address: _______________________________________________________________

Telephone/Cell phone No.: ___________________________ Email Address: ___________________________

Name of School (High School): ______________________________________________________________________________

Address of the School (High School): __________________________________________________________________________

Citizenship: ___________________________ Religion: ___________________________

Civil Status: ___________________________

Reason/s for choosing SSC-R: ______________________________________________________________________________

SCHEDULE OF EXAMINATION: Date of Examination: ____________ Time: ___ 9:00 a.m. ___ 2:00 p.m.

(Monday to Friday)

___ 9:00 a.m. (Saturday)

Signature over Printed name

Parents Information

PARENTS: FATHER MOTHER

Name: ___________________________

Citizenship: ___________________________

Occupation: ___________________________

Home Address: ___________________________

Contact Number/Email Address: ___________________________

NOTE: Any misrepresentation indicated on this form or any violation of the admission guidelines herein shall be a ground for forfeiture of right to enroll.

Examination Result

Test 1

Test 2

Test 3

Others

For those applicant who successfully “PASSED” the admission.

Date of Interview

Examination Remarks: ___________________________

Date of Exam: ___________________________

Name: ___________________________

Age: _______

Contact No. ___________________________

Course: ___________________________

Department: ___________________________

Psychometrician ___________________________

Noted by: ___________________________

Head, SDPC

San Sebastian College—Recolletos
Manila
Trunk Line 734-89-31 loc. 114/115 or Direct line 734-43-55
www.sscrmnl.edu.ph

STUDENT DEVELOPMENT AND PLACEMENT CENTER
Requirements for Interview & Enrollment

Original Copy of:
(_) Examination Result
(_) 4th yr. Report Card
(_) Certificate of Good Moral Character
(_) Birth Certificate (*Photocopy only)
(_) Duly notarized Affidavit of Stopped Schooling
    (for those who stopped schooling only)
(_) 3 pcs. “1x1” colored ID picture

NOTE:
Parents/Guardian should accompany the student during interview and enrollment.

REMARKS

(_) Complete  (___) Incomplete

Assisted by: _____________ Date________

Date to be submitted: _______________

Interviewed by: ________________
Date: ____________________