

Instructions:
All sections must be completed. Kindly fill out the form in **PRINT** (blue/black ink). Write NA on the space when an item is not applicable and do not leave any item unanswered.

The status of application cannot be determined without the accomplished recommendation forms from the Principal/Class Adviser and Guidance Counselor (use SSC forms) and OTHER REQUIRED DOCUMENTS: (a) original birth certificate (NSO) and (b) photocopy of current report card.

PASTE 2X2 PHOTO



St. Scholastica's College, Manila

APPLICATION FOR ADMISSION TO COLLEGE

2560 LEON GUINTO STREET, MALATE, MANILA

ENTRY STATUS: HIGH SCHOOL GRADUATE TRANSFEREE SECOND COURSE TAKER

APPLICATION NUMBER:	DATE OF APPLICATION:	RECEIPT NUMBER:
STUDENT NUMBER:	SCHOOL YEAR:	

PERSONAL INFORMATION

NAME:	Last Name	First Name	Middle Name

Home Address:

Email Address:	Mobile:	Telephone:

Date of Birth:	Place of Birth:
_____	_____
Month Day Year	

Religion:

- | | |
|--|---|
| <input type="checkbox"/> AGLIPAYAN | <input type="checkbox"/> MUSLIM |
| <input type="checkbox"/> BAPTIST | <input type="checkbox"/> PROTESTANT |
| <input type="checkbox"/> BORN-AGAIN | <input type="checkbox"/> ROMAN CATHOLIC |
| <input type="checkbox"/> EVANGELICAL | <input type="checkbox"/> SEVENTH-DAY ADVENTIST |
| <input type="checkbox"/> IGLESIA NI CRISTO | <input type="checkbox"/> OTHER CHRISTIAN: _____ |
| <input type="checkbox"/> JEHOVAH'S WITNESS | <input type="checkbox"/> OTHER RELIGION: _____ |

*Please accomplish **Waiver for Non-Catholics** on the last page.

Nationality:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> FOREIGN, specify: _____ |
|-----------------------------------|--|

DUAL, specify: _____
Kindly submit Certificate of Recognition as a Filipino if with dual citizenship.

For Foreign Applicants, please submit the following: (a) clear photocopy of the Student Visa, ACR/SSP (below 18) and Passport, (b) transcript of records (authenticated by the Philippine Foreign Service Post from the country of origin) and (d) report card (with English translation).

FOR NON-FILIPINOS AND FILIPINOS BORN ABROAD

Immigration Status/Visa Classification:	Country Issuing Passport:	
Passport Number:	Date Issued:	Place Issued:
SSP/ACR Number:	Date Issued:	Place Issued:

ACADEMIC INFORMATION

PRESENT/ LAST SCHOOL'S OFFICIAL NAME:

SCHOOL ADDRESS (kindly check and specify): MANILA PROVINCE

Telephone Number:	Mobile:	Email:

IF TRANSFEREE: NUMBER OF YEARS IN PRESENT/LAST SCHOOL: _____ **COURSE:** _____

REASON FOR TRANSFER: _____

IF SECOND DEGREE TAKER, year graduated: _____ **COURSE:** _____

ACADEMIC BACKGROUND

SCHOOLS ATTENDED: (with address)	Year/s Attended:
Pre-School	
Grade School	
High School	
College	

ACADEMIC HONORS AND DISTINCTIONS

Please list all academic honors, distinctions, awards earned. Use a separate sheet of paper if necessary. If top student, kindly submit a Certificate of Merit to the Admissions Office as soon as you receive it.

HONOR/AWARD:	GRADE LEVEL:

Include positions held (elected/appointed officer) and other special responsibilities/ extra-curricular activities:

ACADEMIC CONCERNS

Did you fail in any subject(s)?

- YES (Please provide the details below):
Grade/Year Level/ Subject(s)/ Reason for Failure:

- NO

Did you ever have to repeat a year in Grade School/High School/College?

- YES, Grade/Year Level: _____
Reason:

- NO

Did you ever have to stop studying?

- YES, School Year: _____
Reason:

- NO

Any health-related condition that had or could affect academic performance and relationship in school? Kindly specify:

FAMILY DATA

FATHER:

MOTHER:

		FULL NAME		
		ADDRESS		
		BIRTHDAY/AGE		
		TEL.NO./MOBILE/EMAIL		
		NATIONALITY/RELIGION		
		OCCUPATION		
		BUSINESS ADDRESS/ TEL. NO.		
		EDUCATIONAL ATTAINMENT		
		SCHOOL GRADUATED FROM		

MARITAL STATUS:

- MARRIED AND LIVING TOGETHER
- SINGLE PARENT
- SEPARATED
- WIDOWED
- WIDOWED, REMARRIED

BROTHERS/SISTERS (SSC/NON-SSC):

LAST NAME	FIRST NAME	GRADE LEVEL/COURSE/ OCCUPATION	SCHOOL/BUSINESS ADDRESS	AGE

GUARDIAN (if not living with parents):

LAST NAME:	FIRST NAME:	MIDDLE NAME:	RELATIONSHIP:
COMPLETE ADDRESS:		EMAIL ADDRESS:	TELEPHONE NO.

NAMES OF FAMILY MEMBERS/RELATIVES WHO STUDIED IN SSC MANILA OR OTHER BRANCH SCHOOLS:

FULL NAME	LEVEL/COURSE	YEAR ATTENDED	RELATIONSHIP

REASON FOR BEING INTERESTED IN/ OR HAVING CHOSEN SSC?

How did you learn about SSC?

- ADVERTISEMENTS: NEWSPAPER MAGAZINES
 - BROCHURES/ FLYERS/ POSTER
 - SCHOOL CAREER FAIR/TALKS/ ORIENTATIONS/VISITS
- REFERRED TO ME BY:
- PARENTS SIBLINGS RELATIVES FRIENDS ALUMNAE PRINCIPAL TEACHERS
 - GUIDANCE COUNSELORS CLASSMATES

AGREEMENT

THE FOLLOWING MUST BE READ AND SIGNED BY THE APPLICANT AND THE PARENT(S) OR GUARDIAN:

We understand that this application and admission into St. Scholastica's College Manila are subject to the following conditions:

1. That it is our responsibility to provide accurate information in this application and authorize the verification of the given credentials as well as to provide all necessary documentary evidence of qualification and experience;
2. That any misrepresentation or omission of facts in the application will justify the denial or cancellation of admission;
3. That we will notify the Admissions Office of any change in status stated in this application and supporting documents from date of application to date of formal admission in the unit;
4. That credentials filed in support of this application which are received by the Admissions Office become the property of St. Scholastica's College and will not be returned to the applicant;
5. That we agree to comply with the rules, policies and regulations of St. Scholastica's College Manila when the applicant is accepted.

DECLARATION

We have read and understood all sections of this admissions package. We declare that to the best of our knowledge, the information supplied in this application and the documentation supporting it is correct and complete.

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

SIGNATURE OF GUARDIAN

DATE

SIGNATURE OF APPLICANT

DATE

WAIVER FOR NON-CATHOLICS

I/We as parents/guardians of _____, whose religion is _____ and an incoming _____ student, fully understand that St. Scholastica's College Manila is a Catholic Institution, thus, it is our choice to entrust our daughter's education in the school even if we belong to another religion.

I/We agree to let our daughter be exposed to and actively participate in all its school activities related to the practice of Catholic faith, may it be an academic or non-academic requirement.

As parents/guardians, we will respect Catholic teaching and practices. We shall not refute or disprove any of its lessons and practices so as not to confuse our daughter with her own religion.

CONFORME:

PARENT(S)/GUARDIAN NAME AND SIGNATURE

DATE

Note: A signed waiver by either parent or assigned guardian would mean that both parents are in agreement of the waiver's content.

FOR OFFICIAL USE. DO NOT WRITE BELOW THIS LINE

COMPLETE NAME: _____

COURSE: _____

TEST RESULT:

ACTION TAKEN:

ACCEPTED

REJECTED

FOR RECONSIDERATION

ADMISSIONS OFFICER: _____

DATE: _____