



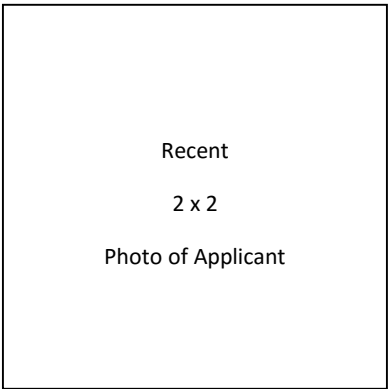
COLLEGE OF THE HOLY SPIRIT MANILA

GUIDANCE AND ADMISSION CENTER

163 E. Mendiola, Malacañang Complex

Manila, 1005 Philippines

Tel. No. 735-6021



Recent

2 x 2

Photo of Applicant

PERSONAL DATA

Name: _____
Last First Middle Nickname

City Address: _____ Contact No. _____
 Provincial Address: _____ Mobile No. _____

Date of Birth: ____/____/____ Age: _____ Place of Birth: _____ Email Address: _____
 Citizenship: _____ Religion: _____ Sex: Male Female Civil Status: Single Married

FAMILY BACKGROUND

Father: _____ Living: Yes <input type="checkbox"/> No <input type="checkbox"/> Educational Attainment: _____ Email Address: _____ Contact Number: _____ Mobile Number: _____ Occupation: _____ Name and Address of Company: _____	Mother: _____ Living: Yes <input type="checkbox"/> No <input type="checkbox"/> Educational Attainment: _____ Email Address: _____ Contact Number: _____ Mobile Number: _____ Occupation: _____ Name and Address of Company: _____
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Please Check approximate monthly income: <input type="checkbox"/> Below – 9,999 <input type="checkbox"/> 10,000 – 19,999 <input type="checkbox"/> 20,000 – 29,999 <input type="checkbox"/> 30,000 – 39,999 <input type="checkbox"/> 40,000 – 49,999 <input type="checkbox"/> 50,000 – Above	Please Check approximate monthly income: <input type="checkbox"/> Below – 9,999 <input type="checkbox"/> 10,000 – 19,999 <input type="checkbox"/> 20,000 – 29,999 <input type="checkbox"/> 30,000 – 39,999 <input type="checkbox"/> 40,000 – 49,999 <input type="checkbox"/> 50,000 – Above
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Do you live with both of your parent: Yes No If not, please explain: _____

Guardian: _____ Address: _____ Email Address: _____ Educational Support: <input type="checkbox"/> Parents <input type="checkbox"/> Self: Employer _____ Address: _____ <input type="checkbox"/> Scholarship: Others, please Specify: _____	Relation to Applicant: _____ Contact number: _____ Mobile Number: _____
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Brothers / Sisters:

NAME	AGE	SCHOOL	EDUCATIONAL ATTAINMENT	OCCUPATION
1.				
2.				
3.				
4.				
5.				

Attach any sheet if necessary

EDUCATIONAL ATTAINMENT

LEVEL	NAME AND ADDRESS OF COLLEGE/UNIVERSITY	INCLUSIVE DATES OF ATTENDANCE	HONORS RECEIVED	FAILURES INCURRED
GRADE SCHOOL				
HIGH SCHOOL				

FOR TRANSFEREES

COLLEGIATE LEVEL	NAME AND ADDRESS OF COLLEGE/UNIVERSITY	COURSE/DEGREE PROGRAM	INCLUSIVE DATES OF ATTENDANCE

List your extra-curricular activities, including offices held, special responsibilities and year level.

EXTRA CURRICULAR	YEAR LEVEL	TASK

What made you decide to study at the College of the Holy Spirit Manila? _____

Where do you plan to reside while studying at CHSM? _____

Any common handicap, ailment or problem which might affect your studies? _____

Do you have any relatives who are enrolled or are alumni of CHSM? Please indicate names and relationship.

NAME	RELATIONSHIP	STATUS (pls. indicate year of graduation)
1.		
2.		
3.		

COURSE PREFERENCE

List down your course preference for the coming school year:

(1) _____ (2) _____

Whose choice is this? _____

VERIFICATION

I hereby certify that all information given herein is accurate and complete. Falsification of any information in this form will automatically nullify my application to the College.

Applicant's Name and Signature

Parent's or Guardian's Name and Signature

Date