



## FAMILY BACKGROUND

	Father	Mother	Guardian
Name			
Living or Deceased			
Educational Attainment			
Occupation			
Name of Company			
Address of Company			
Contact Number			
Email Address			
Approximate Monthly Income (please check)	<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"/> Above 50,000	<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"/> Above 50,000	<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"/> Above 50,000

### Brothers / Sisters:

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

**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.		

## 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 Signature over Printed Name/Date

\_\_\_\_\_  
Parent's/Guardian's Signature over Printed Name/Date

## DATA PRIVACY ACT of 2012

***I hereby certify that the above information given are true and correct to the best of my knowledge. I allow the College of the Holy Spirit Manila to use and release the information for legitimate purposes specifically for evaluation for admission to the college and to use my details to create and/or update learner profile in the Learner Information System of the Department of Education. I allow the college to release information only to authorized personnel for the above stated purposes in accordance with the Data Privacy Policy of the College.***

\_\_\_\_\_  
Applicant's Signature over Printed Name/Date

\_\_\_\_\_  
Parent's/Guardian's Signature over Printed Name/Date