

FAMILY BACKGROUND

| Spouse | |
|---|---|
| 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 |

Children:

| 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

DATA PRIVACY ACT of 2012

I hereby certify that the above information given are true and correct to the best of my knowledge and I allow the College of the Holy Spirit Manila to use to use and release the information for legitimate purposes specifically for evaluation for admission to the college. I allow the college to release information only to authorized personnel for the above stated purpose in accordance with the Data Privacy Policy of the College.

Applicant's Signature over Printed Name

Date