



COLLEGE OF THE HOLY SPIRIT MANILA

BASIC EDUCATION DEPARTMENT
GUIDANCE AND ADMISSION CENTER
163 E. Mendiola, Malacañang Complex
Manila, 1005 Philippines
Tel. No. 735-6021

2x2 picture
with white background
STUDIO TAKEN

INSTRUCTION: 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. Submitted documents in compliance with the entrance exam requirements shall become the property of the Guidance and Admissions Center, and are not to be returned to the applicant.

ENTRY STATUS: New Student Transferee **A.Y.** _____

Processing of this application form will be determined with the accomplished recommendation forms from the class adviser/guidance counselor/prefect of discipline and photocopy of the most recent grades.

APPLICANT'S INFORMATION

(Please PRINT your name as written in your NSO/PSA Birth Certificate)

Name: _____

Last

First

Middle

Nickname

Preferred Senior High School Track/Strand:

Accountancy, Business & Management (ABM)

TVL - Culinary Arts & Tourism

Humanities & Social Sciences (HUMSS)

Arts & Design - Media, Visual & Digital Arts

Science, Technology, Engineering & Mathematics (STEM)

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

Do you have any children of your own? Yes No If yes, how many children do you have? _____

EDUCATIONAL BACKGROUND

LEVEL	NAME AND ADDRESS OF SCHOOL	INCLUSIVE DATES OF ATTENDANCE	INCLUSIVE GRADE LEVEL	HONORS RECEIVED	FAILURES INCURRED
GRADE SCHOOL					
JUNIOR HIGH SCHOOL					
SENIOR HIGH SCHOOL					

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? _____

How did you know about College of the Holy Spirit Manila? _____

Any physical disability or health-related condition which might affect your academic performance? _____

If yes, please explain: _____

EDUCATIONAL SUPPORT

(Please check as many as applicable)

Parents

Working student Name of Employer/Company _____ Address: _____

Voucher Program Beneficiary (Senior High School-Voucher Program)

Scholarship Please specify: _____

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

AUTHORIZATION FOR RANDOM DRUG TESTING

I, pursuant to the College of the Holy Spirit Manila's policy against the use and distribution of prohibited drugs as embodied in the Student's Handbook on the Policy on the Mandatory Random Drug Testing and in compliance with the provisions of R.A. No. 9165 or the Comprehensive Dangerous Act of 2002 and its implementing guidelines, voluntarily and willingly give full consent to the intended drug testing for students.

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