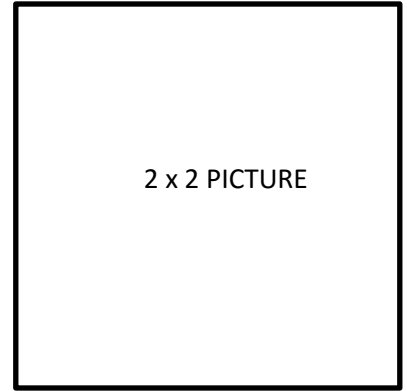




SAINT PEDRO POVEDA COLLEGE

EDSA corner P. Poveda Street, Quezon City
Telephone Numbers: 631-8756 to 58

APPLICATION FORM



SCHOOL YEAR: _____

APPLYING FOR: _____
GRADE LEVEL

NAME : _____ **SEX:** _____
Family Name Given Name Middle Name

HOME ADDRESS : _____

CONTACT NUMBERS : _____

DATE OF BIRTH : _____ **PLACE OF BIRTH :** _____

CITIZENSHIP : _____ **RELIGION :** _____

IF NOT A FILIPINO, PLEASE ANSWER THE FOLLOWING:

IF CATHOLIC, PLEASE ANSWER THE FOLLOWING:

TYPE OF VISA: _____

DATE OF BAPTISM: _____

ACR I CARD #: _____

PLACE OF BAPTISM: _____

NAME OF SCHOOL LAST ATTENDED : _____

DEPED SCHOOL ID/CODE FOR THE LIS: _____ **LRN:** _____

GRADE / YEAR LEVEL : _____ **SCHOOL ADDRESS:** _____

REASON/S FOR PLANNING TO TRANSFER: _____

IS YOUR CHILD UNDERGOING ANY TYPE OF COGNITIVE, BEHAVIORAL, AND / OR PHYSICAL INTERVENTIONS? YES NO
IF YES, KINDLY SUBMIT THE MOST RECENT ASSESSMENT REPORT.

NAME OF FATHER: _____

TEL. #: _____ **MOBILE #:** _____ **E-MAIL:** _____

OCCUPATION: _____ **NATIONALITY:** _____ **RELIGION:** _____

COMPANY NAME & ADDRESS: _____

IS THE FATHER AN ALUMNUS OF I.T. / POVEDA? YES NO

IF YES, PLEASE ANSWER THE FOLLOWING:

YEARS OF ATTENDANCE: _____ **YEAR GRADUATED:** _____

IS THE FATHER AN EMPLOYEE OF POVEDA? YES NO

IF YES, PLEASE ANSWER THE FOLLOWING:

DEPARTMENT: _____ **POSITION:** _____

NAME OF MOTHER: _____
 TEL. #: _____ MOBILE #: _____ E-MAIL: _____
 OCCUPATION: _____ NATIONALITY: _____ RELIGION: _____
 COMPANY NAME & ADDRESS: _____

IS THE MOTHER AN ALUMNA OF I.T. / POVEDA? _____ YES _____ NO
 IF YES, PLEASE ANSWER THE FOLLOWING:
 YEARS OF ATTENDANCE: _____ YEAR GRADUATED: _____
 IS THE MOTHER AN EMPLOYEE OF POVEDA? _____ YES _____ NO
 IF YES, PLEASE ANSWER THE FOLLOWING:
 DEPARTMENT: _____ POSITION: _____

SIBLING/S PRESENTLY ENROLLED IN SAINT PEDRO POVEDA COLLEGE

NAME	GRADE / YEAR LEVEL

SIBLING/S GRADUATED FROM SAINT PEDRO POVEDA COLLEGE

NAME	YEAR GRADUATED

HOW DID YOU KNOW SAINT PEDRO POVEDA COLLEGE?

- WEBSITE
- PRINTED ADVERTISEMENT/S
- BILLBOARD
- PARENT/S OF OUR STUDENT/S
- GRADUATES
- OTHERS: _____

WHY DO YOU LIKE YOUR CHILD TO STUDY IN POVEDA?

- PROXIMITY
 - CATHOLIC EDUCATION
 - QUALITY OF GRADUATES
 - PROGRAM OF EDUCATION
 - OTHERS: _____
- COMMENTS: _____

CHECKLIST OF REQUIREMENTS:

- NSO CERTIFICATE OF LIVE BIRTH (ORIGINAL COPY)
- BAPTISMAL CERTIFICATE (ORIGINAL COPY)
- 2 X 2 PICTURE
- 1 X 1 PICTURE
- LATEST REPORT CARD (ORIGINAL AND CLEAR COPY)
- RECOMMENDATION FORMS

FOR FOREIGN APPLICANTS ONLY

- ACR I CARD (ORIGINAL AND CLEAR COPY)
- PASSPORT (ORIGINAL AND CLEAR COPY)

FOR OFFICE USE ONLY:

REQUIREMENTS RECEIVED BY: _____
 DATE RECEIVED: _____

TESTING SCHEDULE
 DATE: _____
 TIME: _____

REMARKS : _____

