

Please Check:

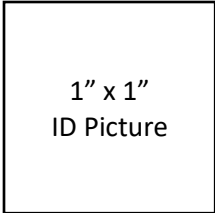
- Early Years
- Grade School
- Junior High School
- Senior High School

- Male
- Female



**ST. PAUL COLLEGE OF MAKATI**

D. M. Rivera St., Poblacion, City of Makati



**APPLICATION FOR ADMISSION**

For School Year 20\_\_\_\_ - 20\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Surname Given Name Middle Name

Residential Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship with Applicant: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of Guardian: \_\_\_\_\_

Relative(s) studying in St. Paul College of Makati (Give the name and relationship with applicant)(if any):  
\_\_\_\_\_  
\_\_\_\_\_

Name of School Last Attended: \_\_\_\_\_

Address of School Last Attended: \_\_\_\_\_

Principal of School Last Attended: \_\_\_\_\_

Some activities in which you have participated in your previous school: \_\_\_\_\_

Have you ever stopped schooling because of poor health? \_\_\_ Yes \_\_\_ No  
If yes, please give details: \_\_\_\_\_

**NOTE: As much as possible, the student-applicant should be present when this form is submitted in order that the preliminary steps of the admission process may be started right away.**

*I knowingly and voluntarily consent to the disclosure and processing of my personal information and sensitive personal information (disciplinary records and special need, psycho-emotional condition and physical disability) contained in this application form of St. Paul College of Makati for the purpose of assessing my application. This information will be shared with the members of the admissions committee. I waive my right to inspection and correction of the contents of this recommendation form.*

Signature of Parent/Guardian over Printed Name \_\_\_\_\_ Date \_\_\_\_\_

----- DO NOT WRITE ANYTHING BELOW THIS LINE -----

Level Applied For: \_\_\_\_\_  
Date (mm/dd/yy): \_\_\_\_\_ Age by June: \_\_\_\_\_

- Basic Requirements:**
- \_\_\_\_ Report Card w/LRN (w/ 2nd Quarter of current grade level)
  - \_\_\_\_ PSA Birth Certificate (original & 2 photocopies)
  - \_\_\_\_ Baptismal Certificate (2 photocopies)
  - \_\_\_\_ Parents' Marriage Certificate / Affidavit of Marital Status / Affidavit of Guardianship
  - \_\_\_\_ 1" x 1" ID Picture (2 pieces)
  - \_\_\_\_ Certificate of Good Moral Character (original)
  - \_\_\_\_ SPCM Recommendation Form
  - \_\_\_\_ SPCM Health Certificate with updated Immunization Record
  - \_\_\_\_ Dev Pedia/Specialist's Clearance or Assessment Report

Form/Requirements Received by: \_\_\_\_\_

Testing OR: \_\_\_\_\_ Date: \_\_\_\_\_

Reservation OR: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment OR: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_ NCAE (certified true copy, for incoming Grade 10&11)
- \_\_\_\_ Custody (Agreement/Court Order)
- \_\_\_\_ ESC Certificate (for transferring Grades 8-10)
- Additional Requirements for Foreign Students:**
- \_\_\_\_ Passport (photocopy)
- \_\_\_\_ Alien Certificate of Registration ID (ACR) (photocopy)
- \_\_\_\_ Scholastic Record (English translation; authenticated by the Philippine Consular Office)