

Name and address of guardian _____
 If you are not living with your parents: _____
 Relationship with your guardian: _____
 E – mail Address: _____

BROTHERS AND SISTERS (Put + if deceased)

| NAME | STUDENT/EMPLOYED | SCHOOL/PLACE OF WORK | CIVIL STATUS |
|-------|------------------|----------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

BIRTH ORDER/RANK: _____

EDUCATIONAL BACKGROUND

ELEMENTARY
 ADDRESS: _____
 YEAR GRADUATED _____ HONORS/AWARDS RECEIVED _____

HIGH SCHOOL
 ADDRESS: _____
 YEAR GRADUATED _____ HONORS/AWARDS RECEIVED _____

COLLEGE (If transferee) COURSE & YEAR
 ADDRESS: _____

COURSE CHOICES:
 From the list of undergraduate courses offered in SLC, please identify three (3) courses that you want to take up: (in order of preference)

1. _____
2. _____
3. _____

I respectfully apply to take the SLC Entrance Examination Test for ___ Semester, School Year 2 ___ - 2___, I have read the above application form and accomplished it to the best of my knowledge and belief. I understand that any false statements made here will be enough grounds to invalidate and cancel my application.

 Applicant's Signature over Printed Name

 Date of Application

REQUIREMENTS FOR THE ENTRANCE EXAMINATION TEST

Freshman:
 ___ Entrance Examination Form (this form)
 ___ 1 pc recent 2 x 2 picture
 ___ photocopy of 4th year report card (at least 2nd quarter)
 ___ testing fee (75.00Php)
 OR # _____

Transferee:
 ___ Entrance Examination Form (this form)
 ___ 1 pc recent 2 x 2 picture
 ___ photocopy of transcript of records/certified true copy of grades
 ___ permit to take the entrance test (issued by SAO)
 ___ interview by the Guidance Counselor
 ___ testing fee (100.00 Php)
 OR # _____

Received by: _____
 Date: _____