



La Consolacion College Caloocan

496 A. Mabini St. Caloocan City

Tel. # 8287-97-03



College Application Form

COURSE: _____

Application Date: _____

Applicant Status: ___New ___Returnee ___Transferee ___Cross Enrollee

PERSONAL DATA

Name _____
 Last Name First Name Middle Name

Elem. School _____
 School Address _____

Inclusive dates of attendance _____ General Average _____

Junior High School _____
 School Address _____

Inclusive dates of attendance _____ General Average _____

Junior High School _____
 School Address _____

Inclusive dates of attendance _____ General Average _____

For transferee only: School last attended and address

Semester and School Year last attended _____ Course _____

Date of Birth _____ Place of Birth _____ Age ___ Gender ___F ___M

Nationality _____ Civil Status ___Single ___Married Religion _____

Place of Baptism _____ Place of Confirmation _____

Contact Information

e-mail: _____ Tel. No.: _____

Complete Present Address _____

Provincial Address (if any) _____

FAMILY BACKGROUND

FATHER		MOTHER
	NAME	
	DATE OF BIRTH	
	AGE	
	PLACE OF BIRTH	
	NATIONALITY	
	RELIGION	
	EDUCATIONAL ATTAINMENT	
	OCCUPATION	
	WORK ADDRESS	
	CONTACT NO.	
	AVERAGE MONTHLY INCOME	

Working Abroad () Mother only () Father only () Both

Marital Status of Parents () Married in Church () Civil Marriage () Widow/er
 () Living Together () Single Parent () Separated

With whom does the child stay? (if single parent)

[] Mother [] Father [] Guardian

Name of Guardian (if any): _____ **Age:** _____

Relationship with the child: _____

Occupation: _____ **Tel. No.:** _____

OTHER SIBLINGS IN THE FAMILY

Name	Age	Educ. Attainment	School Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fill out only if applicant is employed in a part time job

Name and Address of Employer _____

Nature of Work _____ Days / No. of hours at work _____

Contact No. _____

Any common handicap, ailment or problem which might affect your studies?

REASON/S FOR APPLYING AT LCC-C

I certify that the data given herein and the accompanying documents are true and correct to the best of my knowledge and thus, misrepresentation is a sufficient reason for disqualification. Failure to pass the test and/or submit complete requirements is likewise a reason for disqualification.

 Student's Signature over printed name

 Signature of Parent / Guardian over printed name

STATEMENT OF PRIVACY AND INFORMATION POLICY

The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release is otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office. Information about counseling will not appear on your academic record.

In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information to another person or college/department.

USE OF CLIENT INFORMATION IN OUTCOME RESEARCH

Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more careful study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from my record for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consent.

For any questions, you may approach your level counselor.

 Signature over printed name

 Date

DO NOT WRITE BELOW THIS LINE

SCHEDULE OF ENTRANCE EXAMINATION: _____

TEST RESULT	CREDENTIALS SUBMITTED
() Passed	() Report Card / Form 137
() Failed	() Transfer Credentials
Score _____	() Certificate of Good Moral Character
_____	() NSO Birth Certificate
_____	() Baptismal Certificate
Remarks _____	() Medical Certificate
_____	() 2 pcs ID Pictures
	() Alien Certificate of Registration (for foreign applicant only)

RECOMMENDING APPROVAL:

 College Guidance Counselor

 Clinic

 Academic Adviser

Approved: _____

 College Dean