

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

RECEIVED BY: _____
SCHEDULE OF ENTRANCE EXAMINATION: _____
REFERRED BY: _____

TEST RESULT	CREDENTIALS SUBMITTED
() Passed () Failed Score _____ _____ _____ Remarks _____ _____	() Report Card / Form 137 () Certificate of Good Moral Character () NSO Birth Certificate () Baptismal Certificate () Medical Certificate () 3 pcs ID Pictures () Alien Certificate of Registration (for foreign applicant only)